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(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	; #)	
, - · · ·	,	,	
PICK-UP	- NAVAIT	MAIL	
PICK-UP	WAIT	L WAIL	
(D.,			
(Business Entity Name)			
(Do	cument Number)		
(20	-carrierit (vattibel)		
ertified Copies Certificates of Status			
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Special Instructions to Filing Officer:

L. SELLERS

JAN 18 2010

EXAMINER

Office Use Only



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SECRETARY OF STAIL

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CHINA PAVILION

OPERATING CORPORATION

P.O. BOX 22887

LAKE BUENA VISTA, FL 32830

TEL: (407) 876-1793, (407) 876-5735

FAX: (407) 876-5783



January 8, 2010

Florida Department of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Dissolution of China Group Limited Partnership

Dear Sir:

Enclosed is a cover letter, a certificate of dissolution, and a money order for \$61.25 filing fee and Certificate of Status to dissolve China Group Limited Partnership. Please forward all documents to the attention of:

Cynthia Yu PO Box 22887 Lake Buena Vista, FL 32830

Thank you for your time in considering my request. I look forward to hearing from you.

Sincerely,

Cynthia Yu

Enclosure

COVER LETTER

orporations	•	
		ted Partnership)
ate of Dissolution an	d fee(s) are submitted f	for filing.
spondence concerni	ng this matter to:	
thia Yu		
(Contact Person)		
na Pavilion Oper	ating Corporation	
(Firm/Company)	_	
D. Box 22887		
(Address)		
- D	. 22020	
iny, state and zip code,		
on concerning this ma	atter, please call:	
thia Yu	at (407) 87	76-1793
ct Person)	(Area Code and D	aytime Telephone Number)
or the following amo	unt:	
x \$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing Fee and Certified Copy	☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status
ons	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27
	clorida Limited Partnersh ate of Dissolution and espondence concerning athia Yu (Contact Person) and Pavilion Oper (Firm/Company) b. Box 22887 (Address) ce Buena Vista, Forty, State and Zip Code) con concerning this mathia Yu cet Person) cor the following amount of	In a Group Limited Partnership Ilorida Limited Partnership or Limited Liability Limited ate of Dissolution and fee(s) are submitted to espondence concerning this matter to: In thia Yu (Contact Person) In a Pavilion Operating Corporation (Firm/Company) In Box 22887 (Address) It Buena Vista, FL 32830 City, State and Zip Code) In concerning this matter, please call: In thia Yu In

FILED

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ECRETARY OF STATE
LIAHASSEE FLORIOA

`CERTIFICATE OF DISSOLUTION FOR

China Gro	up Limited P	artnership
(Name of Florida Limited Pa	artnership or Limi	ted Liability Limited Partnership)
	ed nartnershin	whose certificate was filed with the
FIRST: Reason for dissolution: (S	State why partn	ership is submitting dissolution)
Dissolution is accord	ling to unani	imous decision of all the
partners.		
SECOND: A Notice of Disso (Check box if atta) THIRD: Effective date, if other than the of	ched.)	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afte	er the date this document is filed by the Florid
Signatures of each general partner of s. 620,1803(3) or (4), F.S.: N. V.N. G. P.N. OF AHG, G.P.	or the person ap —	pointed pursuant to