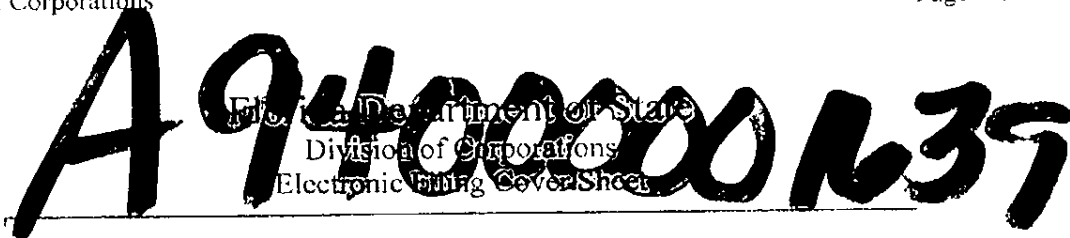


Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL ORLANDO - CORPORATE
Account Number : 120160000074
Phone : (407) 839-4211
Fax Number : (407) 425-8377

**DISS/TERM/CANCEL/REV OF LP/LLP
DYE FAMILY, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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17 APR 17 2017

**CERTIFICATE OF DISSOLUTION
OF
DYE FAMILY, LTD.,
a Florida limited partnership**

The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is Dye Family, Ltd. (the "Partnership").
2. The Partnership's initial certificate of limited partnership was filed on December 5, 1994.
3. The reason the Partnership is filing this certificate of dissolution is that the Partnership is being dissolved pursuant to the provisions of the Limited Partnership Agreement.
4. The dissolution of the Partnership occurred on April 14, 2017.
5. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by S.A. Dye, LLC, a Florida limited liability Company, as the general partner of the Partnership, as of the 14 day of April, 2017.

GENERAL PARTNER:

S.A. DYE, LLC, a Florida limited liability company

By: _____

Donald McIntosh, Manager

**NOTICE OF DISSOLUTION
OF
DYE FAMILY, LTD.,
a Florida limited partnership**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807 of the Florida Statutes.

1. The name of the limited partnership is Dye Family, Ltd (the "Partnership").
2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.
3. The mailing address where claims can be sent is 2200 Park Avenue North, Winter Park, FL 32789

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by S.A. Dye, LLC, a Florida limited liability company, as the general partner of the Partnership, as of the 14 day of April, 2017.

GENERAL PARTNER:

S.A. DYE, LLC, a Florida limited liability company

By: Donald McIntosh
Donald McIntosh, Manager

**STATEMENT OF TERMINATION
FOR
DYE FAMILY, LTD.,
a Florida limited partnership**

The undersigned general partner, desiring to submit this Statement of Termination pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is Dye Family, Ltd. (the "Partnership").
2. The Partnership's initial certificate of limited partnership was filed on December 5, 1994.
3. The Partnership has completed winding up its affairs and wishes to file a Statement of Termination.

IN WITNESS WHEREOF, this Statement of Termination has been executed by S.A. Dye, LLC, a Florida limited liability company, as the general partner of the Partnership, as of the 14 day of April, 2017.

GENERAL PARTNER:

S.A. DYE, LLC, a Florida limited liability company

By: _____

Donald McIntosh, Manager