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## **COVER LETTER**

TO: Registration Division of	Section Corporations	<del></del>		. ~
emprece. Pau	ıl and Helen Brov	vn Family Limited	Partnership	
(Name	of Florida Limited Partner	rship or Limited Liability L	imited Parinership)	٠.
The enclosed Staten	nent of Termination a	nd fee(s) are submitted	for filing.	
Please return all cor	respondence concerni	ing this matter to:		
Mary Sue Dor	(Contact Person)			
Buckingham,	Doolittle & Burr (Firm/Company)	oughs, LLP		· <u></u>
5355 Town Ce	enter Road, Sui	te 900		* = : : :
Boca Raton, F	L 33486 City, State and Zip Code	-		
	ion concerning this m			
Mary Sue Do	onohije Fsa	561	241-0414	
(Name of C	Contact Person)	(Area Code and I	241-0414 Daytime Telephone Number)	करं '⊶- ⊑ ः
Enclosed is a check	for the following amo	ount:		· · · · · · · · · · · · · · · · · · ·
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions	MAILING Registration Division of P. O. Box 63 Tallahassee.	Section Corporations 327	<u> </u>

Tallahassec, FL 32301

## STATEMENT OF TERMINATION FOR

## Paul and Helen Brown Family Limited Partnership (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on
The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Swandshown

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):