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COVER LETTER

(Address) KEY WEST, FLORIDA 33040 (City, State and Zip Code) For further information concerning this matter, please call: SHEILA DUNCAN IRBY (Name of Contact Person) Enclosed is a check for the following amount: S\$\frac{1}{2}\$\$\$52.50 Filing Fee	TO: Registration Division o	on Section f Corporations			
Please return all correspondence concerning this matter to: SHEILA DUNCAN IRBY				nited Partnership)	
(Contact Person) (Firm/Company) 1410 ROSE ST. (Address) KEY WEST, FLORIDA 33040 (City, State and Zip Code) For further information concerning this matter, please call: SHEILA DUNCAN IRBY (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: S\$2.50 Filing Fee \$61.25 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327	The enclosed Cert	ificate of Dissolution ar	nd fee(s) are submitted	for filing.	
(Contact Person) (Firm/Company) 1410 ROSE ST. (Address) KEY WEST, FLORIDA 33040 (City, State and Zip Code) For further information concerning this matter, please call: SHEILA DUNCAN IRBY (Name of Contact Person) (Name of Contact Person) Enclosed is a check for the following amount: S\$52.50 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building (Address) (Address) (Address) (Address) (Address) (Area Code and Daytime Telephone Number) S\$13.75 Filing Fee, and Certified Copy. Certified Copy, and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327	Please return all c	orrespondence concerni	ng this matter to:		
(Firm/Company) 1410 ROSE ST. (Address) KEY WEST, FLORIDA 33040 (City, State and Zip Code) For further information concerning this matter, please call: SHEILA DUNCAN IRBY (Name of Contact Person) Enclosed is a check for the following amount: S\$52.50 Filing Fee and Certificate of Status STREET ADDRESS: Registration Section Division of Corporations Clifton Building (Address) At (305) 304-8600 (Area Code and Daytime Telephone Number) \$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status MAILING ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327	SHEILA DUNCAN I	RBY			
Address KEY WEST, FLORIDA 33040 (City, State and Zip Code)		(Contact Person)	_		
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City, State and Zip Code	1410 ROSE ST.	(Address)			
For further information concerning this matter, please call: SHEILA DUNCAN IRBY	KEY WEST, FLORI	,			
SHEILA DUNCAN IRBY (Name of Contact Person) Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations Clifton Building at (305) 304-8600 (Area Code and Daytime Telephone Number) \$105.00 Filing Fee		(City, State and Zip Code)			
(Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: (Area Code and Daytime Telephone Number) \$52.50 Filing Fee	For further inform	ation concerning this m	atter, please call:		
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Division of Corporations Clifton Building Division of Corporations P. O. Box 6327	STREET ADDRESS:		MAILING	ADDRESS:	
Clifton Building P. O. Box 6327	Registration Section				
	Division of Corporations		•		
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301			lallahassee	, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

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DUNCAN AUTO REALTY, (Name of Florida Limited P		lity Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 01/1 document number A96000000134 Dissolution.	ed partnership, whose of 19/1996	certificate was filed with the, assigned Florida
FIRST: Reason for dissolution: (S	State why partnership is	s submitting dissolution)
All property owned by the limited partn	ership has been sold.	
		
SECOND: A Notice of Disso (Check box if atta		
THIRD: Effective date, if other than the	date of filing: 12/31/2015	·
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the data	e this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed	pursuant to
Thuis Dungan Ald	<u> </u>	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	2015 DEC 31 SECRETARY FALL ARYSSET