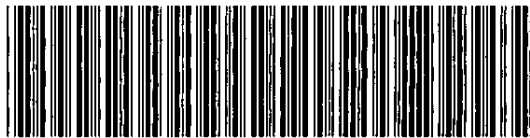


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JB

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\*Certified Civil Mediator

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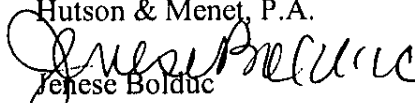
November 19, 2007

Registration Section  
Division of Corporation  
P. O. Box 6327  
Tallahassee, FL 32314

In re: The Robert R. Rowe Family, LLLP  
Our File No.: 07-1464.2

Enclosed please find Certificate of Dissolution on the above referenced file. Also enclosed is a check in the amount of \$52,50 to cover the filing fee. If you have any questions, or need any additional information, please call.

Sincerely,  
Salter, Feiber, Murphy,  
Hutson & Menet, P.A.

  
Jenese Bolduc  
Paralegal

/jb  
enclosures

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE ROBERT R. ROWE FAMILY, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James D. Salter  
(Contact Person)

Salter, Feiber, Murphy, Hutson & Menet, P.A.  
(Firm/Company)

P. O. Box 357399  
(Address)

Gainesville, FL 32635-7399  
(City, State and Zip Code)

For further information concerning this matter, please call:

James D. Salter at ( 352 ) 376-8201  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee       \$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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**CERTIFICATE OF DISSOLUTION  
FOR**

**THE ROBERT R. ROWE FAMILY, LLLP**

(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 02/01/1996, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

The reason for the dissolution is that Robert R. Rowe  
purchased all the interest in the partnership and therefore  
there is only one partner.

**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Robert R Rowe

\_\_\_\_\_  
\_\_\_\_\_

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75

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