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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

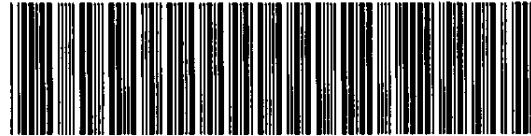
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Terminator 6012
Need Dis.
~~before term~~

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2013 JAN 31 AM 11:40

FILED

J. SAULSBERRY
EXAMINER

FEB 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPITAL ASSET HOLDINGS, Ltd
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Malnati
(Contact Person)

(Firm/Company)

212 BLOSSOM LANE
(Address)

Palm Beach Shores, FL 33404-5707
(City, State and Zip Code)

For further information concerning this matter, please call:

Thomas Malnati at (561) 200-8832
(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

FILED
2013 JAN 31 AM 11:40
TALLAHASSEE, FLORIDA
CLERK OF STATE

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

CAPITAL ASSET HOLDINGS, LTD.

Description of information that must be included in a claim:

Description of service provided or product sold

Date service provided or product delivered

Person who authorized payment for service or product

Copy of any agreement or purchase order

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

attn James P. PAUL, Esq

3030 ROSEWOOD COURT

DAVIE FL 33328

RECEIVED
FLORIDA DEPARTMENT OF STATE
JAN 31 2013 11:40 AM

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A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

Signature of a general partner or a principal of the successor entity:

CAPITAL ASSET HOLDINGS GP, INC T.P. Maheshi its V.P.

Printed Name

Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50

**STATEMENT OF TERMINATION
FOR**

CAPITAL ASSET HOLDINGS, Ltd.

(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 5/22/1996, hereby submits this Statement of Termination.

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.:

CAPITAL ASSET HOLDINGS GP, Inc.

BY: Thomas P. Malnati, Its Vice President

T.P. Malnati

SECRETARY OF STATE
TAMPAHASSI FLORIDA

2013 JAN 31 AM 11:40

FILED

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