

A9600000/630

Florida Department of State
Division of Corporations
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(((H10000278256 3)))

EFFECTIVE DATE
12/31/2010



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To: Division of Corporations
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Phone : (904) 356-2600
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FILED
10 DEC 30 AM 10: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS/TERM/CANCEL/REV OF LP/LLP
HIXVEST, LTD.

RECEIVED
10 DEC 30 PM 12: 09
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TALLAHASSEE, FLORIDA

Certificate of Status	0
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10 DEC 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

HIXVEST, 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 September 4, 1996, assigned Florida document number A980 0000 1630, hereby submits this Certificate of Dissolution.

EFFECTIVE DATE
12/31/2010

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

The voluntary consent and approval of the general partner and all of the limited partners.

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

THIRD: Effective date, if other than the date of filing: December 31, 2010

(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.:

SOLE GENERAL PARTNER
HIXVEST G.P. INC.

By: 

Joseph M. Hixon, IV,
President

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

H10000278256

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10 DEC 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION
OF
HIXVEST, LTD.**

This Notice of Dissolution is submitted by HixVest, Ltd., a Florida limited partnership (the "Partnership"), for resolution of payment of unknown claims against the Partnership as provided in Section 607.1807, Florida Statutes.

ARTICLE I

The name of the Partnership is HixVest, Ltd.

EFFECTIVE DATE
12/31/2010

ARTICLE II

The effective date of the voluntary dissolution, as specified in the Articles of Dissolution filed with the Department of State, is December 31, 2010.

ARTICLE III

Claims against the Partnership should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Partnership is liable therefor.
3. The harm suffered by claimant.

ARTICLE IV

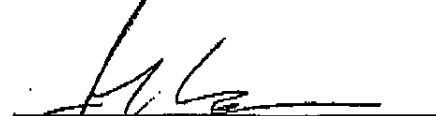
Claims should be mailed to the Partnership at the following address:

HixVest, Ltd.
4400 Marsh Landing Parkway, Suite 7
Ponte Vedra Beach, Florida 32082

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ARTICLE V

Claims 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.



Joseph M. Hixon, IV, President of
Hix Vest G.P., Inc., a Florida corporation,
as General Partner of Hix Vest, Ltd.