

A96 000001660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

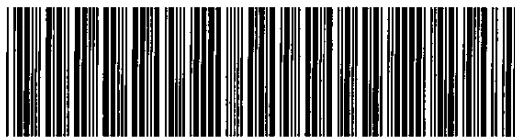
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A96-1660
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2007

KENNETH T. BARBER
4901 N. FEDERAL HIGHWAY, #100
TRION VENTURES, INC.
FORT LAUDERDALE, FL 33308

SUBJECT: LMK ASSOCIATES, LTD.
Ref. Number: A96000001660

We have received your document for LMK ASSOCIATES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must include a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 407A00026917

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2007

KENNETH T. BARBER
4901 N. FEDERAL HIGHWAY, #100
TRION VENTURES, INC.
FORT LAUDERDALE, FL 33308

SUBJECT: LMK ASSOCIATES, LTD.
Ref. Number: A96000001660

We have received your document for LMK ASSOCIATES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The document must include a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 407A00026917

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LMK ASSOCIATES, LTD
(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:

KENNETH T. BARBER
(Contact Person)

TRION VENTURES, INC.
(Firm/Company)

4901 N. FEDERAL HWY. #100
(Address)

FT. LAUDERDALE, FL 33308
(City, State and Zip Code)

For further information concerning this matter, please call:

KENNETH T. BARBER at (954) 491-3848
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

LMIL ASSOCIATES 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 9-16-1996, hereby submits this Certificate of Dissolution.

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

PROPERTY SOLD

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.:

[Signature]

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

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TALLAHASSEE, FLORIDA

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