	(Requestor's Name)
	(Address)	
	(Address)	
	(City/State/Zip/Phor	ne #)
PICK-UF	P WAIT	MAIL
	(Business Entity Na	nme)
<u> </u>	(Document Number	r)
Certified Copies	Certificate	es of Status

Special Instructions to Filing Officer:

L. SELLERS

FEB -3 2009

EXAMINER

Office Use Only



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OPFEB-2 MI 8: 0

COVER LETTER

TO: Registration S Division of C	orporations	_		
SUBJECT: 5	-ullion FAM	or Limited Liability Lim	ship, Ltd.	
The enclosed Certific	ate of Dissolution and	I fee(s) are submitted	for filing.	
Please return all correspondence concerning this matter to:				
William	J. Saullion (Contact Person)	Sa		
	(Contact Person)	•		
	(Firm/Company)			
18 SAN	MARCO CO	urt		
	(Address)			
PAIM COA	1st, F1. 3	3 2-137		
PAIM COAST, F1. 32137 (City, State and Zip Code)				
For further information	on concerning this ma	tter, please call:		
William J. S.	ullion Sr	at (386) 4	45-6788	
(Name of Contact Person) at (386) 445-6788 (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		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING	ADDRESS:	
Registration Section		Registration		
Division of Corporations			Corporations	
Clifton Building		P. O. Box 63		
2661 Executive Center Circle		Tallahassee,	FL 32314	
Tallahassee, FL 3230	<i>)</i> 1			



December 23, 2008

WILLIAM J. SCULLION SR. 18 SAN MARCO COURT PALM COAST, FL 32137

SUBJECT: SCULLION FAMILY PARTNERSHIP, LTD.

Ref. Number: A96000002513

We have received your document for SCULLION FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Letter Number: 108A00061426

Leslie Sellers Regulatory Specialist II

Division of Comparations DO ROY 6227 Tallahassas Florida 22214

CERTIFICATE OF DISSOLUTION FOR

Scullian Famil	η PARTNERSH. D. LTd. artnership or Limited Liability Limited Partnership)			
(Name of Florida Limited Pr	artnership 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 <u>December 19, 1996</u> , assigned Florida document number <u>A9600000 2513</u> (2), hereby submits this Certificate of Dissolution.				
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)			
All operations	HAVE bEEN TERMINATED			
AND ALL ASSETS	HAVE BEEN TERMINATED HAVE BEEN DISTRIBUTED			
TO PARTNERS				
SECOND: A Notice of Disso (Check box if attack)				
THIRD: Effective date, if other than the	late of filing: February 28, 2009			
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida			
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to			
Hilliam Haullin Se	<u> </u>			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			