

A91600002524

Florida Department of State
Division of Corporations
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Effective Date **12/31/06**

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

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DISS/TERM/CANCEL/REV OF LP/LLP

DALE A. DEWITT FAMILY PARTNERSHIP, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

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Florida Dept of State 002



December 29, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations
DALE A. DEWITT FAMILY PARTNERSHIP, LTD.
14463 W. COLONIAL DR.
WINTER GARDEN, FL 34787

SUBJECT: DALE A. DEWITT FAMILY PARTNERSHIP, LTD.
REF: A96000002524

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A Florida limited partnership or limited liability limited partnership must file a Certificate of Dissolution (with or without a Notice of Dissolution) in order to dissolve the limited partnership. The fee to file the Certificate of Dissolution (with or without a Notice of Dissolution) is \$52.50. Once the limited partnership or limited liability limited partnership has filed a Certificate of Dissolution and completed winding up its affairs, it may file a Statement of Termination. The fee to file the Statement of Termination is an additional \$52.50.

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If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

FAX Aud. #: H06000302904
Letter Number: 306A00073017

← CERTIFICATE OF DISSOLUTION IS ATTACHED

P.O BOX 6327 - Tallahassee, Florida 32314

((H06000302904 3))

**CERTIFICATE OF DISSOLUTION
FOR**

Effective Date
12/31/06

Dale A. DeWitt Family Partnership, 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 December 31, 1996, hereby submits this Certificate of Dissolution.

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

The consent of all general partners and of all limited partners

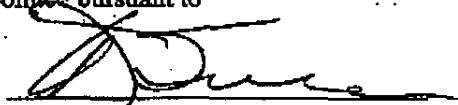
SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2006

(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.:

Ann Severns



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

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