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## **COVER LETTER**

TO:	Registration Division of	Section Corporations		
SUBJ		of Florida Limited Partner	ship or Limited Liability Li	mited Partnership)
The er	nclosed Stater	nent of Termination ar	nd fee(s) are submitted	for filing.
Please	return all con	respondence concerni	ng this matter to:	
		(Contact Person)  Mrs. Jeanette M. Royster 10714 Carroll Lake Dr. Tampa, FL 33618-4004		·
		(Address) (City, State and Zip Code)		
For fu	ther informat	ion concerning this m		
(Name of Contact Person)			at ()_ (Area Code and D	Paytime Telephone Number)
Enclos	ed is a check	for the following amo	unt:	
□\$52.5	0 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	

## STATEMENT OF TERMINATION FOR

(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, hereby submits the Statement of Termination.		
The limited partnership or limited liability limited partnership has completed winding 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.:	<sub>цр</sub> 07 APR 2	SECRETA DIVISION OF
Januaro Mageta Jenwette M. Royster	6 AM II: 44	RY OF STATE CORPORATIONS

\$52.50 \$52.50 \$8.75

Filing Fee: Certified Copy (optional): Certificate of Status (optional):