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_ (F	Requestor's Name)			
<u> </u>	Address)			
A)	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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C. LEWIS

DEC 2 7 2011

EXAMINER

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I ADMITTED IN FL & NJ

2 BOARD CERTIFIED IN LABOR & EMPLOYMENT LAW
3 ADMITTED IN FL & NY
4 BOARD CERTIFIED IN FAMILY AND MATRIMONIAL LAW

5 BOARD CERTIFIED IN ELDER LAW

8 BOARD CERTIFIED IN WILLS, TRUSTS & ESTATES 7 ADMITTED IN FL. CA & WI 8 CERTIFIED CIRCUIT CIVIL MEDIATOR

December 19, 2011

#### By Certified Mail

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Dissolution of III T, LTD A Florida Limited Partnership

#### Dear Division of Corporations:

#### Enclosed please find:

- Form Cover Letter
- Form Certificate of Dissolution
- Form Notice of Dissolution
- Check for \$61.25

Please process this dissolution. Should you have any questions, please contact the undersigned. Thank you.

Very truly yours,

Robin Caral Shaw, Esq.

Of Counsel

### **COVER LETTER**

TO: Registration Division of C		·		
SUBJECT: Name of	III T, LTD Florida Limited Partnersh	ip or Limited Liability L	imited Partnership)	
The enclosed Certifi	cate of Dissolution an	d fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerni	ng this matter to:		
Robin Caral Shaw, Es				
•	(Contact Person)	•		
Shapiro, Blasi, Wasse	rman & Gora, P.A.			
	(Firm/Company)			
7777 Glades Road, S	uite 400			,
Titt Cidoo Toud, O	(Address)			
Boca Raton, FL 33434				
(	City, State and Zip Code)			•
For further informat	ion concerning this m	atter, please call:		
Robin Caral Shaw, Es	<b>q.</b>	at ( 561 )	477-7800	
(Name of Cont	<del></del>		d Daytime Telephor	ne Number)
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	✓ \$61.25 Filing Fee and Certificate of Status	\$105:00 Filing Fearand Certified Copy	e \$113.75 Fi Certified Cop Certificate of	y, and
STREET ADDRES Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	tions ter Circle	Registrati Division o P. O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	;

#### CERTIFICATE OF DISSOLUTION FOR

TILEL

2011 DEC 22 PH 1: RS. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) LLAHASSEE, FLORIDA 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 May 23, 1997 , assigned Florida A97000001169 document number , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Pursuant to Florida Statutes Sec. 620.1801(1)(b), upon consent of all general partners, this limited partnership is being dissolved. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing:\_ Dec. 31, 2011 (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. 640.1803(3) or (4), F.S.: Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):

#### NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP

OR LIMITED LIABILITY LIMITED PARTNERSHIP

FILEU

2011 DEC 22 PM 1: 82

This notice is submitted by the dissolved limited partnership or limited liability limited AHASSEE, FLORIDA partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

in s. 620.1807, F.S.	, ,	And the Francisco of Francisco
This "Notice of Dissolution" is optional and Dissolution.	l is not require	ed when filing a Certificate of.
Name of Dissolved Limited Partnership or L	Limited Liabil	ity Limited Partnership:
III T, LTD.		<del>.</del>
Description of information that must be incl	uded in a clair	ń:
(1) Name, address, telephone number, email ad	dress, and fax	number of claimant or authorized
representative of claimant if a business entity; (2	) description of	claim; (3) documentation and proof
of claim, and (4) whether claim is secured, unse	cured, continge	nt, or unliquidated.
Mailing address where claims can be sent: (Department of State.)  Michael Hecht, Hecht and Company, P.C., 622		
A claim against the above named limited par partnership will be barred unless a proceedin 4 years after the filing of the notice.	thership or ling to enforce the	nited liability limited he claim is commenced within
Signature of a general partner or a principal	of the success	pr entity:
Michael Hecht	_x //	was forcer
Printed Name		Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.