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Division of Corporations

Fax Number : (850)617-6383

From:

Additionat Name : NRAT SERVICES, LLC

Account Number : 120080000104 Phone : (302)674-4089

Fam Number : (302)674-5266

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JAN 13 2014

1/10/2014

CERTIFICATE OF DISSOLUTION FOR

Levan Enterprises, Ltd.		The same of the sa
(Name of Florida Limited Po	rtnership or Limited Liability Limit	ted Partnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 6/27 document number A97000001425	d partnership, whose certific	ate was filed with the
Dissolution.		
FIRST: Reason for dissolution: (S	tate why partnership is subm	itting dissolution)
The Partners of the Partnership voted t	dissolve the Partnership, as p	rovided in the
Partnership's Agreement of Limited Pa	Inership, and cease business o	perations,
	***	2014
		35 C. 25 P. 15 P.
SECOND: A Notice of Dissolution is attached. (Check box if attached.)		10 PM
THIRD: Effective date, if other than the date of filing:		S 3: 0
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this do	cument is filed by the Florida
Signatures of each general partner of	r the person appointed pursua	ant to
s. 620,1803(3) or (4), F.S.:	Lovan General	
	Hy:	
		van, Fresident
Park to the state of the state		William Control of the Control of th
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	