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Division of Corporations

Florida Department of State

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From:

: THERREL BAISDEN, LLP Account Name

Account Number : I20140000065

Phone

: (305)371-5758

Fax Number

: (305)371-3178

DISS/TERM/CANCEL/REV OF LP/LLP LEDER BOCA, LTD., A FLORIDA LIMITED PARTNERSHIP

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Tallahassee, FL 32301

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COVER LETTER

TO: Registration Section	Comment Mark		
Division of Corporations			
	9		
SUBJECT: LEDER BOCA, LTD.			
	artnership or Limited Liability Limited Pertnership)		
The enclosed Certificate of Dissolution: Please return all correspondence concern MARK M. HASNER, ESQ.	and fec(s) are submitted for filling. ning this matter to:		
(Contra	set Person)		
THERREL BAISDEN, LLP			
(Firm	/Company)		
ONE SOUTHEAST THIRD AVENUE, SUITE	2950		
(Ad	dress)		
MIAMI, FLORIDA 33131			
(City, State	and Zip Code)		
For further information concerning this i	matter, please call:		
MARK M. HASNER, ESQ.	at (305 371-575 8		
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following am	iount:		
\$52.50 Filing Fee Status	\$105.00 Filling Fee S113.75 Filling Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section	MAILING ADDRESS:		
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Clifton Building	P. O. Box 6327		
2661 Recutive Center Circle	Tallahannes El 3031/1		

2:

CERTIFICATE OF DISSOLUTION FOR

LEDER BOCA, LTD.			
(Name of Florida Limited Partnership	or Limited Liabi	lity Limited Partnership))
Pursuant to the provisions of section partnership or limited liability limited liability limited partnership or AU document number A97000001712 Dissolution.	ited partnershi GUST 6, 1997	ip, whose certificate	was filed with the assigned Florida
FIRST: Reason for dissolution: (State why par	tnership is submitti	ng dissolution)
Inactive Business			
SECOND: A Notice of Disso (Check box if a		ched.	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor Department of State.) Note: If the date inserted in this block does not be listed as the document's effective definition of the listed as the document of the prior of t	re than 90 days on the second the second the second the Department on the Department on the Department on the Department on the Department of the Second Sec	after the date this docum pplicable statutory filing riment of State's record	g requirements, this date will s.
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filing Fee: Certified Copy (optional); Certificate of Status (optional);	\$52.50 \$52.50 \$8.75		SECRE ANY C FALL AHASSEE
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