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COVER LETTER

Division of C			
	RISE ONE INDU		
(Name of	Florida Limited Partnersh	ip or Limited Liability Li	mited Partnership)
The enclosed Certifi	cate of Dissolution ar	nd fee(s) are submitte	d for filing.
Please return all cor	respondence concerni	ng this matter to:	
Michael Heidt			
•	(Contact Person)		
Law Office of Gable &	Heidt		
	(Firm/Company)		
4000 Hollywood Boule	evard, Suite 735 South	Tower	
	(Address)		
Hollywood, FL 33021	-6755		
(City, State and Zip Code)		
For further informat	ion concerning this m	atter, please call:	
Michael Heidt		at (954) 9	66-2501
(Name of Cont	act Person)	—"···\———/—	Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 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 ADDRES	SS:	MAILING	G ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cen		Tallahasse	e, FL 32314
Tallahassee, FL 323	101		

CERTIFICATE OF DISSOLUTION FOR

SUNRISE ONE INDUSTRI			_	
(Name of Florida Limited I	Partnership or	Limited Liability Limited Partnership)		
	ted partners tober 21, 19	s, Florida Statutes, this Florida limited ship, whose certificate was filed with the 97, assigned Florida hereby submits this Certificate of		
Dissolution,			=	<u> </u>
FIRST: Reason for dissolution: (State why p	partnership is submitting dissolution)	DEC	
The general partner and all limited par	rtners have c	consented to the dissolution of the limited	~ <u>`</u>	유
partnership.				CORPORATIONS
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SECOND: A Notice of Diss (Check box if atta		tached.		
THIRD: Effective date, if other than the	date of filing:			
(Effective date cannot be prior to nor mor Department of State.)	re than 90 day.	s after the date this document is filed by the Florida	a	
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the persò	n appointed pursuant to		
		SARA SAWGRASS CORP.		
		An A sol	_	
· <u> </u>		by: Steven J./Chonerman / Presid	سب	
		Steven J. Cooperman, Presid	ent	
			_	
Filing Fee:	\$52.50	_		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75.			
cermicate of Status (optional):	⊅0./ ⊅,			