## A9700000388/

(Re	equestor's Name)					
(Ac	ldress)					
(Ac	idress)					
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Ві	isiness Entity Nan	ne)				
(De	Source of Number					
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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FEB 2 6 2015 S. YOUNG

## **COVER LETTER**

Division of	Section Corporations				
SUBJECT: <u>V</u>	I Limited				
(Name of	Florida Limited Partnersh	ip or Limited Liability Limi	ited Partnership)		
The enclosed Certif	icate of Dissolution ar	nd fee(s) are submitted	for filing.		
Please return all cor	respondence concerni	ng this matter to:			
LON She	otes				
	(Contact Person)				
Network	21				
	(Firm/Company)		至治		
7320 McE	zimis Ferry	Road	FEB FEB		
	(Address)		57 6 22 F		
Suvance.	GA 30024				
	(City, State and Zip Code)	)	RESTATE TO THE PROPERTY OF THE		
			<u>92</u> <u>5</u>		
For further informat	tion concerning this m	atter, please call:	9		
LOHI Sho	nes	at (770 ) 34	43-0542		
(Name of Con	tact Person)	(Area Code and D	aytime 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 ADDRESS:		MAILING A	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. O. Box 6327			
2661 Executive Cen		Tallahassee,	FL 32314		
Tallahassee, FL 323	3U1				

## CERTIFICATE OF DISSOLUTION FOR

KDJ umited									
(Name of Florida Limited Pa	artnership or Lir	nited Liability L	imited Partne	rship)					
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 12 29 1997, assigned Florida document number A9700007881, hereby submits this Certificate of Dissolution.									
FIRST: Reason for dissolution: (S	State why part	nership is sub	mitting dis	solution)					
mared to Gravei	ත								
11000 10 9091	<u></u>								
SECOND: A Notice of Disso (Check box if atta		ched.							
THIRD: Effective date, if other than the	date of filing:	· I .	. 1		·				
(Effective date cannot be prior to nor more Department of State.)	e than 90 days a	fter the date this	document is j	filed by the Fl	'orida				
Signatures of each general partner of	or the person	appointed pur	suant to						
s. 620.1803(3) or (4), F.S.:				三篇	<del>;</del>				
En Show	<del></del>	<del></del>		<u> </u>					
					<u> </u>				
				#####					
	_				<del>}                                    </del>				
Filing Fee:	\$52.50 \$52.50				r.  O				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			<b>u</b>	U				