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SECRETARY OF STATE
ALLAHASSEE, FLORIOZ

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: MedCyl Services, Ltd.		
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)	
DOCUMENT NUMBER: A98000000	1422	
The enclosed Statement of Dissociation and	free(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Karl E. Pearson, Esquire		
(Contact Person)		
Pearson Bitman LLP		
. (Firm/Company)		
1770 Fennell Street, Suite 150		
(Address)		
Maitland, FI 32751		
(City, State and Zip Code)		
For further information concerning this matter, please call:		
Karl E. Pearson, Esquire	at (407) 6470090	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
\$52.50 Filing Fee	\$105.00 Filing Fee and Certified Copy.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	
CR2F118 (01/06)		

FILED 13 JUL -1 AM 10 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

1. The name of Limited Partnership or Limited Liability Limited Partnership is: MedCyl Services, Ltd.			
2. The name of the dissociating general partner is:			
Aeolus, Inc.			
Signature of Dissociating General Partner	AcolusiTuc. President		

Filing Fee:

\$52.50

Certified Copy (optional): \$52.50