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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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ZOUS APR -1 PH 12: 52
SECRETARY OF STATE

C. LEWIS

APR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations						
SUBJECT: News	•	ip or Lim	ited Liability	y Limit	ed Partnership)		
The enclosed Certif	icate of Dissolution an	d fee(s)	are submi	itted f	or filing.		
Please return all con	respondence concerni	ng this 1	natter to:				
Sonia Arora							
	(Contact Person)						
Steiner + Associates,				-			
	(Firm/Company)						
4016 TOWNSFAIR V	VAY, SUITE 201						
	(Address)			•			
Columbus, OH 432	(City, State and Zip Code)			•	0		
For further informa	tion concerning this ma	atter, pl	ease call:				
Sonia Arora		at (614) 414	.7300		
(Name of Con	tact Person)		(Area Code	and Da	sytime Telephone Number)		
Enclosed is a check	for the following amo	unt:					
\$52.50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status		05.00 Filing Certified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:			MAIL	ING A	ADDRESS:		
Registration Section			Registration Section				
Division of Corporations			Division of Corporations				
Clifton Building			P. O. Box 6327				
2661 Executive Cer			Tallaha	issee,	FL 32314		
Tallahassee, FL 32	301						

FILED

CERTIFICATE OF DISSOLUTION FOR

2009 APR - 1 PM 12: 52

Newpar, Ltd.		SECRETARY OF TALLAHASSEE, I	STALL THORN
(Name of Florida Limited P	artnership or Limite	d Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 03/document number A986000000612 Dissolution.	ted partnership, v	whose certificate was filed with the	
FIRST: Reason for dissolution: (S	State why partne	rship is submitting dissolution)	
All business ventures sold or transferre	ed; all final tax reti	urns filed	
.			
•			
		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SECOND: A Notice of Disso (Check box if atta	iched.)	d	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after	the date this document is filed by the Florida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person app	opinted pursuant to Jackterion ofthe Baghere Interests General Partner	u
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		