A-98000000812

(Requestor's Name)			
(Address)			
(Address)			
(Hadioss)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
A 98-812			
(Document Number)			
(Bocument Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



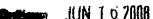
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06/13/08--01003--013 **27.50

4/10/08





COVER LETTER

TO: Registration Division of	Section Corporations		
	Limited Partnersh f Florida Limited Partnershi		ted Partnership)
The enclosed Certif	ficate of Dissolution an	d fee(s) are submitted f	for filing.
Please return all co	rrespondence concernir	ng this matter to:	
William Calderazzo			
	(Contact Person)		
FEP Limited Partners	ship		
	(Firm/Company)		
104 E. Fowler Ave. S	Suite 201		
	(Address)		
Tampa, FL 33612	(City, State and Zip Code)		
	(City, State and Zip Code)		
For further informa	tion concerning this ma	atter, please call:	
William Calderazzo		at (813) 933	3-2439
(Name of Contact Person)			aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
☑ \$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 ADDRE	SS:	MAILING.	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Center Circle		Tallahassee,	FL 32314
Tallahassee FL 33	7301		



June 4, 2008

WILLIAM CALDERAZZO ALLSTATE BUSINESS CENTERS, INC. 104 E. FOWLER AVENUE, SUITE 201 TAMPA, FL 33612

SUBJECT: FEP LIMITED PARTNERSHIP

Ref. Number: A98000000812

We have received your document for FEP LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

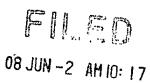
If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 908A00034793

Neysa Culligan Document Specialist

Division of Corporations - P.O. ROX 6327 - Tallahassee Florida 32314

CERTIFICATE OF DISSOLUTION FOR



FEP Limited partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE

(Name of Florida Limited Partnership)

STATE

(Name of Florida Limited Partnership)

(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership) 1951 & FLOR!
partnership or limited liability limit Florida Department of State on Mar	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the rch 31, 1998, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
All the business affairs of the limited pa	artnership have been terminated and any/all assets
have been distributed to the partners.	
SECOND: A Notice of Disso (Check box if atta) THIRD: Effective date, if other than the of (Effective date cannot be prior to nor more Department of State.)	ched.)
Signatures of each general partner of s. 620.1803(3) or (4), F.S.: WILLIAM CALRUZE GENLAGL PARINEK.	or the person appointed pursuant to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75