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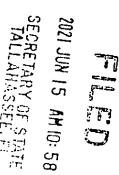
(Requestor's Name)	-
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: MP + LPO LIMITED PARTNERS HP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: LISA COUT AW, GP (Contact Person)
MMP + LPO LIMITED PARTNERSHIP (Firm/Company)
660 CRYSTAL COVE
WEDOWEE, AL 36278 (City, State and Zip Code)
For further information concerning this matter, please call:
LISA POUTIAW at (334) 4010497 (Name of Contact Person) (Area Code) (Daytume Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Fiting Fee and Certificate of Status \$105.00 Filing Fee Certified Copy and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or I.	MITED PARTNERSHIP
partnership or limited liability limited Florida Department of State on Man	620.1203, Florida Statutes, this Florida limited I partnership, whose certificate was filed with the AU 18,1998, assigned Florida 1243, hereby submits this Certificate of
FIRST: Reason for dissolution: (Sta	ate why partnership is submitting dissolution)
NO LONGER IN BUS	INES
ASSET SOLD	
	·
SECOND: A Notice of Dissolut (Check box if atta	
Department of State.)	han 90 days after the date this document is filed by the Florida not meet the applicable statutory filing requirements. This cate will
Signatures of each general partner or the personal street of the per	son appointed pursuant to s. 620.1803(3) or (4), F.S. 50
Certified Copy (optional):	\$52.50 \$52.50 \$8.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: MMP + LPO LIMITED PARTNERSHIP
Description of information that must be included in a claim:
PROOF OF CLAIM MUST BE TAKWOED-
PROOF OF CLAIM MUST BE INCLUDED - ALL DETAILS OF THE CLAIM MUST BE
INCLUDED - (Where, when, who, how +what)
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)
LISA P. OUTIAW
660 CRYSTAL COVE
Wedowee AL 36278
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
LISA P. OUTIAW Jin P. Outland
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.