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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:

L. SELLERS

SEP - 1 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE

BROWN HARRIS STEVENS

Established 1873

Babette Krolik General Counsel Tel: (212) 508-7233 Fax: (212) 508-7638 bkrolik@terraholdings.com

August 25, 2009

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Dissolution of SBZZ of Orlando, Ltd

Dear Sirs,

Enclosed please find a Certificate of Dissolution of the above entity and a check for \$61.25. Please send a Certificate of Status indicating the dissolution to my attention. Thank you for your assistance.

Sincerely,

Babette Krolik

Encl.

Cc: Alan Kersner

COVER LETTER

TO: Registration Division of C					
SUBJECT: SBZ (Name of	Z of Orland Florida Limited Partnersh	lo, Ltd nip or Limited Liability Lim	nited Partnership)		
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.					
Please return all corr	respondence concerni	ng this matter to:			
Babette Kr	(Contact Person)				
_ Teva Holdi	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
	ngton Azre. 4	th Fl.			
New York	City, State and Zip Code)	ous			
For further informati	on concerning this ma	atter, please call:			
Buhette Krolle, at (212) 508-7233 (Name of Contact Person) (Area Code and Daytime Telephone Number)					
Enclosed is a check for the following amount:					
□ \$52.50 Filing Fee	12 \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 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 A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27		

CERTIFICATE OF DISSOLUTION FOR

SBZZ of (Orlando	Ltd
(Name of Florida Limited	Partnership or l	Limited Liability Limited Partnership)
partnership or limited liability lim	ited partners	Florida Statutes, this Florida limited hip, whose certificate was filed with the assigned Florida nereby submits this Certificate of
FIRST: Reason for dissolution: ((State why page	artnership is submitting dissolution)
man d	nin hu	CÌOMA
Court a	loing bu	2(1/40)
SECOND: A Notice of Diss (Check box if atta THIRD: Effective date, if other than the	ached.)	
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days	after the date this document is filed by the Florida
Signatures of each general partner is. 620.1803(3) or (4), F.S.:	or the person	11
SBZZ of Orlando, Inc.	_by	Arthur teckendorf, President.
· · · · · · · · · · · · · · · · · · ·		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	

CERTIFICATE OF DISSOLUTION FOR

SBZZ of (Orlando L	tel
(Name of Florida Limited	Partnership or Limit	ted Liability Limited Partnership)
Pursuant to the provisions of secti partnership or limited liability lim Florida Department of State on_document number_\(\frac{\text{AGO OOO}}{\text{DO OOO}}\) Dissolution.	ited partnership,	whose certificate was filed with the, assigned Florida
FIRST: Reason for dissolution:	State why partne	ership is submitting dissolution)
<u>course</u> d	ping busin	040
	1	
<u> </u>		<u> </u>
		** <u>***********************************</u>
SECOND: A Notice of Diss (Check box if atta		d.
THIRD: Effective date, if other than the	date of filing:	·
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after	the date this document is filed by the Florida
Signatures of each general partner (s. 620.1803(3) or (4), F.S.:		
SBZZ of Orlando, Inc.	_by	Arthur Teckender F, President
	-	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	