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Certified Copies Certificates of Status				
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S. HAWKES

SEP 2 0 2010

EXAMINER

## **COVER LETTER**

Division of C	orporations	A- ,	6	
SUBJECT:	BCFW		<u> </u>	
(Name of I	Florida Limited Partnershi	p or Limited Liability Limi	ted Partnership)	
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted f	or filing.	
Please return all corre	espondence concernir	ng this matter to:		
ROBE.	(Contact Person)  WLO CA)	HOMPSON B. TALKUT.	orES	
(Firm/Company)				
Address)  (Address)				
(Address)				
TAMPA FLA 33618				
(City, State and Zip Code)				
For further information concerning this matter, please call:				
ROBERT TA	fomPsov	at ( \( \frac{\frac{1}{3}}{1} \) = 2	86-1553 aytime Telephone Number)	
(Name of Conta	act Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a check f	for the following amo	unt:		
1 \$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 ADDRESS: MAILING ADDRESS:		ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314		
2661 Executive Cent Tallahassee, FL 323		i allanassee,	FL 32314	

## CERTIFICATE OF DISSOLUTION **FOR** imited Partnership of Limited Liability Limited Partners Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 3/12/99, assigned Florida hereby submits this Certificate of document number Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) PERFORMANCE WAS UN SATISFACTORY **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing:\_ (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$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: C FUTURES LTD Description of information that must be included in a claim: BCFUTURES CLASURE OF LT Partnership UNSATISFACTORY PERFORMANCE Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 351 W. BEAMS AVE. TAMPA FLA 33618 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:

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.