A98000002520

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	. #)
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations	
SUBJECT: STRATFORD POINT LIS	MITED PARTNERSHIP mited Partnership or Limited Liability Limited Partnership)
(Name of Florida La	mited Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolu Please return all correspondence co JAN HEFLINGER	ntion and fee(s) are submitted for filing. Oncerning this matter to:
	(Contact Person)
PICERNE DEVELOPMENT CORPORA	TION
	(Firm/Company)
247 N WESTMONTE DR	
	(Address)
ALTAMONTE SPRINGS, FL 32714	
(Cit)	y, State and Zip Code)
For further information concerning	this matter, please call:
JAN HEFLINGER	407 772-0200 EXT 2132
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
\$52.50 Filing Fee S61.25 Filing and Certificat Status	
STREET ADDRESS:	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 32314

CERTIFICATE OF DISSOLUTION FOR

STRATFORD POINT LIMITED PA	ARTNERSHIP
(Name of Florida Limited Partnersh	ip or Limited Liability Limited Partnership)
Pursuant to the provisions of sec partnership or limited liability li Florida Department of State on_ document number_A98000002520 Dissolution.	
FIRST: Reason for dissolution No longer conducting business	: (State why partnership is submitting dissolution)
THIRD: Effective date, if other than (Effective date cannot be prior to nor no Department of State.) Note: If the date inserted in this block of the case of the c	
Signatures of each general partner or th	te person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50

\$8.75

Certificate of Status (optional):