	(Degues	staria Niamaa)		
(Requestor's Name)				
	(Addres	s)		
(Address)				
	(City/Sta	ate/Zip/Phone #)		
PICK-U	₽ [WAIT	MAIL	
<u>—</u>	_		_	
(Business Entity Name)				
(Degument Number)				
(Document Number)				
Certified Copies		Certificates of	Status	

Special Instructions to Filing Officer:

L. SELLERS

FEB 1 0 2009

EXAMINER

Office Use Only



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COVER LETTER

TO: Registration			
Division o	f Corporations		
SUBJECT: EPI (Name	M #2, LTD. of Florida Limited Partnersh	nip or Limited Liability Lin	nited Partnership)
The enclosed Cert	ificate of Dissolution ar	nd fee(s) are submitted	for filing.
Please return all c	orrespondence concerni	ng this matter to:	
Mark K. Rosenfeld			
	(Contact Person)		
Wilherst Developers			
	(Firm/Company)		
1710 S. Dale Mabry	/ Highway	,	
	(Address)	,	
Tampa, FL 33629			
	(City, State and Zip Code))	
For further inform	ation concerning this m	atter, please call:	
Mark K. Rosenfeld		at (813) 25	50-1717
(Name of Co	ontact Person)	(Area Code and	Daytime Telephone Number)
Enclosed is a chec	k for the following amo	ount:	
\$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 ADDR	ESS:	MAILING	ADDRESS:
Registration Section	on	Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Control Tallahassee, FL 3		i alianassee	e, FL 32314



January 26, 2009

MARK K. ROSENFELD WILHERST DEVELOPERS INC. 1710 S. DALE MABRY HIGHWAY TAMPA, FL 33629

SUBJECT: EPM #2, LTD. Ref. Number: A99000000807

We have received your document for EPM #2, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Letter Number: 809A00002784

Leslie Sellers Regulatory Specialist II

CERTIFICATE OF DISSOLUTION FOR

EPM #2, LTD.		
(Name of Florida Limited P	artnership or Limited Liability I	Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number A 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ed partnership, whose cert	ificate was filed with the
FIRST: Reason for dissolution: (S	State why partnership is su	bmitting dissolution)
The limited partners do not plan on ma	king future real property inve	estments.
SECOND: A Notice of Disso (Check box if atta	ched.)	2/25/09
(Effective date cannot be prior to nor more Department of State.)	° 	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pur	
Filing Fee:	\$52.50 053.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	9

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