

A9900000889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

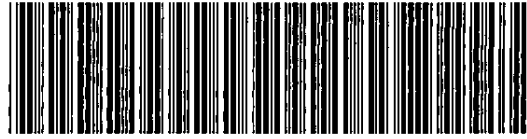
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/25/11--01047--022 **52.50

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11 JUL 25 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 26 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARK ANDREW OF THE PALM BEACHES LTD.
(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:

LORETTA GARDNER
(Contact Person)
THE CENTER FOR BREAST SURGERY
(Firm/Company)
2151 45TH STREET SUITE 208
(Address)
WEST PALM BEACH FL 33407
(City, State and Zip Code)

For further information concerning this matter, please call:

LORETTA GARDNER at (561) 881-9100
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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:

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

FILED
11 JUL 25 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARK ANDREW OF THE PALM BEACHES LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 JUNE 2, 1999, assigned Florida document number A99000000884, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

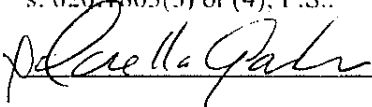
CEASED OPERATIONS

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