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To:

Division of Corporations

Fax Number

: (B50)617-6383

From:

Account Name

: TRIVEST SERVICE CORPORATION

Account Number : I20020000111

Phone

: (305)858-2200

Fax Number

: (305)858-1629

DISS/TERM/CANCEL/REV OF LP/LLP TRIVEST FUND II GROUP, LTD.

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JAN - 5.2011

Electronic Filing Menu

Corporate Filing Menu

CERTIFICATE OF DISSOLUTION (((H

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Trivest Fund II Group, Ltd. (Name of Florida Limited F	Partnership or Limited Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit. Florida Department of State on 6/	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
No longer conducting busines	S	

	7012 LCG)
SECOND: A Notice of Dissection (Check box if attraction)	and the state of t	77
(Check box it still	ioned.)	
THIRD: Effective date, if other than the	date of filing:	m
(Effective date cannot be prior to nor mor Department of State.)	o than 90 days after the date this document is filed by the Florida	Ö
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
By: Trivest Equities, Inc., its general pa	artner	
Phyllis G. Dennis, Assistant Se		
754		
Elling D.	AFS FD	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	•