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(Re	questor's Name)	-		
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Special Instructions to	Filing Officer:			

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COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Name of	Dayessive M	vesting Entering Limited Liability Limited	exprises ted Partnership)
•		d fee(s) are submitted t	1,
Please return all cor	respondence concernir	ng this matter to:	-
USa Y	Sectman (Contact Person)	·	
215 B	(Firm/Company) ANNO CLOUM (Address)	Are	ı
Templ	City, State and Zip Cdde)	2 33617	
For further informat	ion concerning this ma	atter, please call:	
(Name of Con	leman	at (813) 21	15-8713 aytime Telephone Number)
	for the following amou		ayume relephone Number)
\$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 ADDREST Registration Section Division of Corpora Clifton Building	1	MAILING A Registration Division of C P. O. Box 63	Section Corporations
2661 Executive Cen Tallahassee, FL 323		Tallahassee,	

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Pa	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limite Florida Department of State on	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the oper 5, 1999, assigned Florida of the To, hereby submits this Certificate of
· ·	State why partnership is submitting dissolution)
Termination	of business
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the c	date of filing: 3 3 1 14
(Effective date cannot be prior to nor more Department of State.)	re than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
	LONIE C
Filing Fee: Certified Copy (optional):	\$52.50 \$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:					
Progressive Investing Enterprises.					
Description of information that must be included in a claim:					
any or all information describing					
any or all information describing and/or pertaining to the claim.					
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)					
PO BOX 290924					
PO BOX 290924 Temple Temal, FL 33687 ====================================	•				
APR					
See A A A A A A A A A A A A A A A A A A	Sames Contract				
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 a years after the filing of the notice.					
Signature of a general partner or a principal of the successor entity:					
JOSEF D. BECKMAN MARC					
Printed Name Signature					

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

\$52.50.