## A99000002027

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

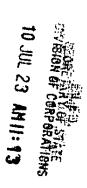


000183398200

07/23/10--01025--017 \*\*105.00



B. KOHR
JUL 2 6 2010
EXAMINER



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HLOSNER CAPITA	76
GROUP, LTD.	

10 JUL 23 MII. 13

<b>,</b>	
	Art of Inc. File  LTD Partnership File
	•
ļ	Foreign Corp. File
·	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
•	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested/by	UCC 1 or 3 File
None Office ( July 65 Time )	UCC 11 Search
Name Dete Time	UCC 11 Retrieval

## CERTIFICATE OF DISSOLUTION

FOR

## KLOSNER CAPITAL GROUP, LTD.

Pursuant to the provisions of F.S. 620.1203, as amended, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 7, 1999, assigned Florida document number A99000002027, hereby submits this Certificate of Dissolution.

FIRST: The Partnership has distributed all of its assets to its partners and has completed the winding up of its

business affairs.

SECOND:  $\square$  A Notice of Dissolution is

attached. (Check box if attached.)

THIRD: Effective date, if other than 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 F.S. 620.1803(3) or (4), as amended:

J. RUSSELL KLOSNER, General Partner