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(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:			
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COVER LETTER

TO: Regi	istration Section			
Division of	Corporations			
SUBJECT:	2412 NORTH STATE ROAD 7 LP			
	(Name of Florida Limited)	Partnership or Limited Liability Limit	ed Partnership)	
	d Certificate of Dissolution n all correspondence conce ORENKO		for filing.	
	(Си	ntact Person)		
LEVY SALIS	ELLP			
	(Fin	m-Company)		
630 SHERBR	OOKE STREET WEST, SUITE	910		
	(.)	(ddress)		
MONTREAL	, QUEBEC, CANADA, H3A 1E	54		
	(City, Stat	e and Zip Code)		
For further i	nformation concerning this	matter, please call:		
SERGELTITO	DRENKO	at ())-8(X-4	
	(Name of Contact Person)	(Area Code) (Da	sytime Telephone Number)	
Enclosed is	a check for the following a	mount:		
\$52.50 Filin	ng Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 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

(Ivanic of Fronda Emitted Farmership)	or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on API	on 620.1203. Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the RIL 30. 2014, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Unanimous agreement of the partners.	
 	
SECOND: A Notice of Disso (Check box if a	
Department of State.)	e than 90 days after the date this document is filed by the Florida es not meet the applicable statutory filing requirements, this date w
	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Started Levels	

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 " <i>Notice of Dissolution</i> " is optional Dissolution.	I and is not require	ed when filing a Certificate of
Name of Dissolved Limited Partnership 2412 NORTH STATE ROAD 7 LP	or Limited Liabil	lity Limited Partnership:
Description of information that must be	included in a clai	m:
Name of the claimant, address and contact info	rmation of the claima	nt, particulars of the claim.
Mailing address where claims can be se		ent to the Florida Department of State)
A claim against the above named limite will be barred unless a proceeding to en 4 years after the filing of the notice.	•	• •
Signature of a general partner or a princ	ipal of the succes	sor entity:
DAVID PERETZ	1	and level
Printed Name	<u></u>	Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.