Prodoction 81 A

(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
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S. WARREN MAR 0 9 2018



TO: Registration Section
Division of Corporations
SUBJECT: NV2A-Haskell, Joint Venture L.L.L.P (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: Paul Raudenbush
(Contact Person)
The Haskell Company
(Firm/Company)
111 Riverside Ave
(Address)
Jacksonville FI 32202
(City, State and Zip Code)
For further information concerning this matter, please call:
Paul Raudenbush 904 7914655 at ()
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status Status S105.00 Filing Fee and Certified Copy Certificate of Status S113.75 Filing Fee, 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

NV2A-Haskell, Joint Venture L.L.L.P	
(Name of Florida Limited Partnership or Limited Liabili	ity Limited Partnership)
Pursuant to the provisions of section 620.1203, F partnership or limited liability limited partnership Florida Department of State on February 22, 2018 document number G18000026314 . her Dissolution.	
FIRST: Reason for dissolution: (State why part	tnership is submitting dissolution)
The filing was made in error as there was no Partnersh	nip. This Entity is a Joint Venture.
SECOND: [Notice of Dissolution is attack (Check box if attached.)	hed.
THIRD: Effective date, if other than the date of filing: [Effective date cannot be prior to nor more than 90 days a Department of State.] Note: If the date inserted in this block does not meet the a not be listed as the document's effective date on the Department.	pplicable statutory filing requirements, this date will
Signatures of each general partner of the person appointed	pursuant to s. 620/1893/3/ or (4). F.S.:
YAN KANDEN BUSIL	GIBENTO NEVES
D. N.B-ININ	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	Mr.
	Agustin R. Arellano
	SLORE ANY O
	PPS =
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