Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000468266 3)))



H210004682683ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : I20060000135 : (305)789-3200 Phone Fax Number : (305)789-4137

## DISS/TERM/CANCEL/REV OF LP/LLP SPIRA MPE, LP

Certificate of Status	0	
Certified Copy		
Page Count	01	
Estimated Charge	\$105.00	

DEC 2 9 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

2021 DEC 28



December 28, 2021

## FLORIDA DEPARTMENT OF STATE Division of Corporations

SPIRA MPE, LP 1015 FILLMORE STREET, PMB 31735 SAN FRANCISCO, CA 94115

SUBJECT: SPIRA MPE, LP REF: A21000000116

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: H21000468266
Regulatory Specialist III Letter Number: 821A00031174

## CERTIFICATE OF DISSOLUTION FOR

SPIRA MPE, LP			
(Name of Florida Limited Partnership o	r Limited Liabili	ty Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Mandocument number A21000000116 Dissolution.	ted partnership ch 11, 2021		he
FIRST: Reason for dissolution: (	State why part	nership is submitting dissolution)	
The General Partner has approved and ag	reed to dissolve th	ne limited parmership effective 12/31/21.	
			<del></del>
***************************************			<del></del>
			2021 Aift
SECOND: A Notice of Disso	lution is attach	ed.	DEC 28
Check box if attached.)			
THIRD: Effective date, if other than the (Effective date cannot be prior to nor mor	e date of filing:	Percember 31, 2021	PM 12: 16 OF STATE FLORIDA Jorida
Department of State.)	•		<b>1</b> 24
Note: If the date inserted in this block doe not be listed as the document's effective d			date will
• • • • • • • • • • • • • • • • • • • •			
Signatures of each general partner or the p	erson appointed r	Sursuant to 4:620/1803(3)-or (4): F-S	
General Partner:	*** **********************************	By III	
Spira MPE GP, LLC	_	D. A. Marie	<del></del>
	_		
		<u> </u>	<u>.</u>
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		