A99 00000 0268

(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:					
	1				
(Document Number) Certified Copies Certificates of Status					





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05/02/14--01037--019 **52.50

B. BOSTICK
MAY 1 2 2014
EXAMINER

COVER LETTER

+

TO: Registration S Division of C					
SUBJECT: Wiles	Road Business (Center, Lt ip or Limited L	d. iability Lim	nited Partnership)	
The enclosed Certific	cate of Dissolution an	d fee(s) are s	ubmitted	for filing.	
Please return all corr	espondence concerning	ng this matte	r to:		
Louis J. Appignani			<u></u>		
	(Contact Person)				
LouJA Realty, Inc.					
	(Firm/Company)				
2240 Woolbright Road	Suito 200				
2240 Woolblight Road	(Address)				
	(**************************************				
Boynton Beach, Florid		***************************************			
(1	City, State and Zip Code)				
For further informati	on concerning this ma	atter, please	call:		
Louis J. Appignani		at (561) 36	4-5500	
(Name of Contact Person)		_ `	 /	Daytime Telephone N	umber)
Enclosed is a check t	or the following amo	unt:			
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 and Certifie		\$113.75 Filing Certified Copy, as Certificate of State	nd
STREET ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327			
2661 Executive Cent	Ta	ıllahassee	, FL 32314	المانية المانية	
Tallahassee, FL 323	VI				<i>:</i> ,

CERTIFICATE OF DISSOLUTION FOR

Wiles Road Business Center (Name of Florida Limited Po	Pr. Ltd. artnership or Limited Liability Lim	ited Partnership)
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Feb document number A99000000268 Dissolution.	ed partnership, whose certific oruary 16, 1999	ate was filed with the, assigned Florida
FIRST: Reason for dissolution: (S	State why partnership is subm	itting dissolution)
Written action of members of this comp	pany agreeing to dissolve the co	mpany.
		<u> </u>
SECOND: A Notice of Disso (Check box if atta	्रा .9 ट्रा	
THIRD: Effective date, if other than the	date of filing: March 31, 2014	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this do	cument is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursua	ant to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	