A14 000 000 040

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

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02/08/23--01018--004 *** 37,056

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2023 FEB - 8 PH 12: 58

2/8/2023

COVER LETTER

TO: Registration Section		
Division of Corporations		
NORTHPOINT INVESTMENT SUBJECT:	ΓS PARTNERSHIP, LP	
SUBJECT: (Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution Please return all correspondence concer SAMUEL J. CANTOR		
(Cont	tact Person)	
SAMUEL J. CANTOR, P.A.		
(Firm	i Company)	
1001 YAMATO ROAD SUITE 310		
tAd	ldress)	
BOCA RATON, FL 33431		
(City, State	and Zip Code)	
For further information concerning this	matter, please call:	
PATRICIA KOHSMAN	561 982-9555	
(Name of Contact Person)	at () 982-9555 (Daytime Telephone Number)	
Enclosed is a check for the following an	nount:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
egistration Section Registration Section ivision of Corporations Division of Corporations		
Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	



January 24, 2023

Correcte

SAMUEL J CANTOR1001 YAMATO ROAD COYPOTOLE ACCESS
SUITE 310
BORA RATON, FL 33431

SUBJECT: NORTHPOINT INVESTMENTS PARTNERSHIP, LP

Ref. Number: A14000000040

We have received your document for NORTHPOINT INVESTMENTS PARTNERSHIP, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$27.50.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 423A00001752

2023 FEB -7 PM 3: 4

CERTIFICATE OF DISSOLUTION FOR

FILED

NORTHFORN I INVESTMENTS PARTI	NEKSHIP, LI	2023 Ft.B -B PM 12
(Name of Florida Limited Partnership of	or Limited Liability Limited Partnership)
		SECNIT ST TALLAMASSEE.
Pursuant to the provisions of section	on 620.1203, Florida Statutes, this	Florida limited
partnership or limited liability limit		
Florida Department of State on	01/21/2014	assigned Florida
document number A140000000	10 , hereby submits this Co	ertificate of
Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submittir	ng dissolution)
THE BUSINESS HAS BEEN CLOSED	,	
	-	
		 _
SECOND: A Notice of Disso	lution is attached	
(Check box if a		
(3.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.		
THIRD: Effective date, if other than th	10/18/22	
(Effective date cannot be prior to nor mor	e date of filing:	ent is filed by the Florida
Department of State.)	•	•
Note: If the date inserted in this block doe not be listed as the document's effective d		
not be inned as the document 3 effective a	are on the Department of State 3 records	٠.
1		
Sixuatares of cach general partner or the p	erson appointed pursuant to s. 620.1803	(3) or (4), F.S.;
UVIII KIMAAA		
		
		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	

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.

s. 620,1807, F.S. This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution. Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: NORTHPOINT INVESTMENTS PARTNERSHIP, LP Description of information that must be included in a claim: COMPLETE COPIES OF DOCUMENTATION FOR THE BASIS OF THE CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 6671 W. INDIANTOWN ROAD, SUITE 50 PMB 435 JUPITER, FL 33458 A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice. Signature of a general partner or a principal of the successor ontit ROBERT BLATT Printed Name

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