Accordosse

(Requestor's Name)				
(Address)	_			
(Address)				
(City/State/Zip/Phone #)	_			
(City/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Eddiness Elite) Name)				
(Document Number)				
Certified Copies Certificates of Status				
Consideration to Filing Office	\neg			
Special Instructions to Filing Officer:				

Office Use Only



600164293206

02/02/10--01027--026 **61.25

FILED

10 FEB -2 PM 12: 35

SEURE LARY OF STATE

SEURE LARY OF STATE

COVER LETTER

TO: Registration : Division of C				
SUBJECT: Reaction (Name of	om, Ltd. Florida Limited Partnershi	o or Limited Liability	Limited Partnership)	
The enclosed Certific	cate of Dissolution and	d fee(s) are submit	ted for filing.	
Please return all corr	espondence concernin	g this matter to:		
Alycia Perez				
	(Contact Person)			
Taurus Investment Ho	dings IIC			
(Firm/Company)				
	• •			
1350 E Newport Center Drive, Suite 206 (Address)				
	(Address)			
Deerfield Beach, FL 33	3442			
(City, State and Zip Code)			
For further information	on concerning this ma	tter, please call:		
Linda G Kassof		at (954)	428-4585 x212	
. (Name of Contact Person) (Area Code and Daytime Telephone Number				
Enclosed is a check	for the following amou	unt:		
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing F and Certified Copy		
STREET ADDRESS:		MAILI	NG ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahas	see, FL 32314	
Tallahassee, FL 32301				

CERTIFICATE OF DISSOLUTION FOR

FILED

10 FEB -2 PM 12: 35

SECKE LAKY OF STATE

OF SHAPE

Reacom, Ltd.	TALLAHASSEE,
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on 3/3	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 0/2000, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The company is no longer doing busine	ess in the State of Florida.
., .,	
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the	date of filing:
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75