

(Requ	uestor's Name)		
(Addr	ess)		
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(City/	State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busi	ness Entity Nar	me)	
(Doct	ument Number))	
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2015

LINDA KASSOF TAURUS INVESTMENT HOLDINGS LLC 610 N. WYMORE ROAD, SUITE 200 MAITLAND, FL 32751

SUBJECT: CD 54 CONTRACTORS BUSINESS PARK POMPANO, LTD.

Ref. Number: A0000001804

We have received your document for CD 54 CONTRACTORS BUSINESS PARK POMPANO, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$27.50 due.

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 215A00012315

COVER LETTER

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TO: Registration S Division of C						
SUBJECT: CD 54 (Name of I	Contractors Bus	siness p or Limi	Park Po ted Liability	ompa Limite	ano, Ltd. ed Partnership)	
The enclosed Certific	cate of Dissolution and	d fee(s)	are submit	tted fo	or filing.	
Please return all corr	espondence concernin	ig this n	natter to:			
Linda Kassof		<u>.</u>				
	(Contact Person)					
Taurus Investment Ho	dings LLC					
	(Firm/Company)					
610 N Wymore Road,	Suite 200					
	(Address)					
M-W EL 00754						
Maitland, FL 32751	City, State and Zip Code)					
· ·	enty, state and zip code;					
For further informati	on concerning this ma	atter, ple	ease call:			
Linda Kassof		at (407	539-	2310	
(Name of Conta	act Person)		(Area Code a	and Da	ytime Telephone Number)	
Enclosed is a check	for the following amou	unt:				
☐ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing F ertified Copy		☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	S:		MAILI	NG A	DDRESS:	
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Cent			Tallahas	ssee, F	FL 32314	
Tallahassee Fl. 323	() [

CERTIFICATE OF DISSOLUTION FOR

CD 54 Contractors Busines (Name of Florida Limited Pa	s Park Pompano, Ltd. artnership or Limited Liability Limited Partnership)
partnership or limited liability limite Florida Department of State on 11/2	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 29/2000, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The underlying properties were sold.	
SECOND: A Notice of Disso (Check box if atta	
THIRD: Effective date, if other than the o	date of filing:
(Effective date cannot be prior to nor more Department of State.)	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
Incla of	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75

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SECRETARY OF SIME.