## A000001805

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
<b>3</b>						
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Office Use Only



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000273355040 06/16/15--01007--025 \*\*25.00

07/02/15--01004--005 \*\*27.50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SECRETARY OF STATE
DIVISION OF COMPORATION

JUL 0 2 2015

S MASON



June 17, 2015

LINDA KASSOF 610 N. WYMORE ROAD, SUITE 200 MAITLAND, FL 32751

SUBJECT: FLATAUR CBPP, LTD. Ref. Number: A00000001805

We have received your document for FLATAUR CBPP, 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):

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).

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 815A00012768

## **COVER LETTER**

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TO: Registration S Division of C				
SUBJECT: Flatau (Name of I	I <mark>r CBPP, Ltd</mark> Florida Limited Partnershi	p or Limited Liability Limi	ted Partnership)	
The enclosed Certific	cate of Dissolution and	d fee(s) are submitted f	For filing.	
Please return all corre	espondence concernin	ng this matter to:		
Linda Kassof				
	(Contact Person)	-		
Taurus Investment Hol	dinas LLC			
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
610 N Wymore Road,	Suito 200			
O TO IN WYSTHOTE INCAU,	(Address)			
	(**************************************			
Maitland, FL 32751				
(•	City, State and Zip Code)			
For further informati	on concerning this ma	atter, please call:		
Linda Kassof		at ( 407 ) 539	)-2310	
(Name of Contact Person)			aytime Telephone Number)	
Enclosed is a check to	or the following amo	unt:		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee,	FL 32314	
Tallahassee, FL 323	VI			

## CERTIFICATE OF DISSOLUTION FOR

Flataur CBPP, Ltd (Name of Florida Limited Pa	rtnership or Limited	Liability Limited Part	tnership)		+
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 11/2 document number A00000001805 Dissolution.	ed partnership, w	hose certificate wa	s filed with	the	
FIRST: Reason for dissolution: (S	tate why partner	ship is submitting o	dissolution)		
The underlying properties were sold.					
SECOND: A Notice of Disso (Check box if attack		1.			
THIRD: Effective date, if other than the d	ate of filing: upon	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 os. 620.1803(3) or (4), F.S.:	r the person app	ointed pursuant to			
anery	-				
	_				
	_				AIG.
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		ALLAHASSEE FLOI	15 JUL -2 AM IO:	SECRETARY OF ST ISION OF CORPOR
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