(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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06/08/17--01001--002 **27.50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

S. WARREN 'JUN 0 7 2017



May 12, 2017

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

SUBJECT: FLATAUR VISTA CENTER, LTD.

Ref. Number: A02000001270

We have received your document for FLATAUR VISTA CENTER, 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).

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.

Letter Number: 917A00009589

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: FLA (Name o	TAUR VSITA CEN f Florida Limited Partnersh	NTER, LTD nip or Limited Liability Lim	nited Partnership)
The enclosed Certif	ficate of Dissolution ar	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Linda Kassof			
	(Contact Person)		
Taurus Investment H	oldings LLC		
	(Firm/Company)		
610 N Wymore Road	l Suite 200		
O TO TY TY MOTO TROUG	(Address)		
	(====,		
Maitland, FL 32751	(6): 6: (7) 6 (1)		
	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Linda Kassof		at (407) 539	9-2310 Ext. 212
(Name of Con	tact Person)		Daytime Telephone Number)
Enclosed is a check	for 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 ADDRES		MAILING	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327	
2661 Executive Center Circle		Tallahassee,	
Tallahassee, FL 32		,	

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P	K, LID Partnership or Limited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 09/	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The underlying properties were sold.	
(Check box if atta rhinds: Effective date, if other than the of Effective date cannot be prior to nor more Department of State.)	,
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	
	Smla H. Nof
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75

17 JUN - G PH L: L: SECRETAKY OF STATE ALLAHASSEE FLORIN