A02 000001436

(Re	equestor's Name)	<u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		_

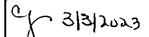




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COVER LETTER

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations		
UNIVERSITY BUILDING PART SUBJECT:		
(Name of Florida Eimited Partnership or Limited Eability Limited Partnership)		
The enclosed Certificate of Dissolution ar Please return all correspondence concerni M. Glenn Curran, III		
(Contact	Person)	
Curran Law Group, P.L.		
(Erm/C	ompany)	
2400 E Commercial Blvd. Ste 208		
(Addr	ess)	
Fort Lauderdale, Florida 33308		
(City, State an	d Zip Code)	
For further information concerning this m	atter, please call:	
Glenn Curran	954 938-9922 at ()	
(Name of Contact Person)	at () (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

[23

2022 DEC 13 PM 2: 00 UNIVERSITY BUILDING PARTNERS, LTD. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 10/30/2002 _, assigned Florida document number_A02000001436 , hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) Unanimous consent of all partners. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: Filing Fee: \$52.50

S52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):