A02000001744

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_
A. LUNT
FEB - 4 2009
EXAMINER

Office Use Only



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PILED ON 4: 08



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2009

CYNTHIA L. SCHIEFER 1001 SE MONTERY COMMONS BLVD. STE 300 STUART, FL 34996-3329

SUBJECT: NBAD HOLDINGS, LTD.

Ref. Number: A02000001744



We have received your document for NBAD HOLDINGS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 309A00001825

COVER LETTER

	Division of C		a					
	SUBJECT: (Name of	NBAD Ho Florida Limited Partnershi	p or Limited Lability Limi	ited Partnership)				
	The enclosed Certificate of Dissolution and fee(s) are submitted for filing.							
	Please return all corr	espondence concernin	g this matter to:					
	Short Co 1001 SE 51e 300 Shart,	(Contact Person) (Firm/Company) (Address) (Address) City, State and Zip Code)	Je Goup Je Common	WALLEANASSEE. FLORIDA	2009 FEB -3 PH 4: 08			
	For further informat	on concerning this ma	tter, please call:					
	Cindy S (Name of Cont	act Person)	_at (<u>773</u>) <u>2</u> 6 (Area Code and D	86 9400 Paytime Telephone Num	ber)			
	Enclosed is a check	for the following amou	int:	,				
areadu	\$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: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING Registration Division of OP. O. Box 63 Tallahassee,	Section Corporations 327					

CERTIFICATE OF DISSOLUTION FOR

NBAR H	oldino	¥S				
(Name of Florida Limited Pa	artnership or Lin	ited Liability Limite	d Partnership)		
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A Company Dissolution.	ed partnership	whose certificat by submits this	e was filed _, assigned	with the Florida		
FIRST: Reason for dissolution: (S	State why parti	nership is submitt	ing dissolu	tion)		
notulozzia.	of m	s po non	_			
		8		- इस		
				353 ps	169	
					-₩	- Argra
				R.C.	<u> </u>	i
SECOND: A Notice of Disso (Check box if atta				OF SAME	PM 4: 08	
THIRD: Effective date, if other than the	date of filing:	1/23/2	2009		_ .	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afi	er the date this docu	ment is filed i	by the Flor	ida -	
Signatures of each general partner of s. 640 1803(3) or (4), F.S.:	or the person a	ppointed pursuan	t to			
X /wws.22000		Noma	n€.	Ben	set.	+
Filing Fee:	\$52.50					
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	,				