#03000000408

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<i>⊋#</i>)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration	Section Corporations				
	•				
	giel Partners X				_
(Name o	f Florida Limited Partnershi	ip or Limited Liabilit	y Limited Partnership)		
The enclosed Certi	ficate of Dissolution an	d fee(s) are subm	itted for filing.		
Please return all co	rrespondence concernit	ng this matter to:			
Stephanie V	Vinston				
	(Contact Person)		-		
Smigiel Par	tners XVII, Ltd.	·	_		
	(Firm/Company)				
P. O. Box 5	40669				
	(Address)		_		
Lake Worth	. FL 33454			1367	ر . ان ل
<u></u>	(City, State and Zip Code)		-	زج	-
				101	23
For further informa	ation concerning this m	atter, please call:			دري
Stephanie V	Vinston	_at (561_	968-3605		ا مارون وجري
(Name of Co	ntact Person)		and Daytime Telephor	ne Number	
Enclosed is a checl	k for the following amo	ount:			C
☑\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co		y, and	
STREET ADDRE	ESS:	MAIL	ING ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations P. O. Box 6327			
Clifton Building 2661 Executive Ce	enter Circle		assee, FL 32314		
Tallahassee, FL 3					

CERTIFICATE OF DISSOLUTION FOR

Smigiel Partners XVII,	Ltd.					
(Name of Florida Limited P	artnership 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 03/14/2003 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution)						
	49,	, <u>(</u> 2				
SECOND: A Notice of Dissol (Check box if attack)	(*)	RACE				
THIRD: Effective date, if other than the	date of filing:	دها المالية المالية				
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the i	Florida				
Signatures of each general partner of s. 620.1803(3) or (4), F.S.: Gary Smigiel, L. C.	or the person appointed pursuant to					
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					