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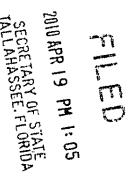
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T. CLINE

APR 20 2010

EXAMINER



COVER LETTER

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SUBJECT: 500 NE 24 St, LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to:	F
•	
Please return all correspondence concerning this matter to:	
Stuart J. Zook	
(Contact Person)	
Newport Property Ventures, LTD	
(Firm/Company)	
3211 Ponce De Leon Blvd. #202	
(Address)	
Coral Gables, Florida 33134 (City, State and Zip Code)	
(City, State and Zip Code)	
For further information concerning this matter, please call:	
Vivian Sanchez at (305) 4460010 529 - 3239	
Enclosed is a check for the following amount:	
(Name of Contact Person) Enclosed is a check for the following amount: Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	"Grigge, art

1 1 2

CERTIFICATE OF DISSOLUTION FOR

500 NE 24 St, LTD		
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	_
		ith the
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution	n)
Sale and disposition of partnership pro	perty.	
SECOND: A Notice of Disso		
(Check box if atta	ched.)	2011 SE TAL
THIRD: Effective date, if other than the	-	O APR
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by t	he Florida G
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	PM 1: 05 OF STATE E, FLORID
At /	•	OS NIDA
0 8		
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	
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