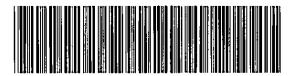
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COVER LETTER

TO: Registration Section				
Division of Corporations				
•				
SUBJECT: Turab Branch (Name of Florida Limited Partner	ship 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: (Contact Person)				
Soto 4 Hernandez	-			
reum't om	pany)			
2655 S. Leber	me Road Suite 1008			
(Address	_			
Coral Gables F	1 33134 (ip Code)			
For further information concerning this matter, please call:				
Rita Abislainen (Name of Contact Person)	at (365) 92-3252 (Daytime Telephone Number)			
Enclosed is a check for the following amount:				
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status			
CTREET ADDRESS				
STREET ADDRESS: Registration Section	MAILING ADDRESS:			
Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahasson El 22214			

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION **FOR**

Turah 6	NOUD !	LTD.	2017 LZ . 30 PH 3:	0.0
(Name of Florida Limited Partnership o	r Limited Liabili	ity Limited Partr	iership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number AD3 6000000000000000000000000000000000000	ted partnership	p, whose certi 33	ficate was filed with the	
FIRST: Reason for dissolution: (5	State why part	tnership is sub another a	omitting dissolution) Hely . This exhit	
is no longer ne	cessary.	All par	thers in agreem	art.
				<u> </u>
SECOND: A Notice of Dissol (Check box if a		hed.		
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	e than 90 days ap	oplicable statutor	document is filed by the Flor. y filing requirements, this dat	
Signatures of each peneral partner or the p	erson appointed 	pursuant to s. 62	(), (3 (3)) or (4), F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
10000 , 2:0.
Description of information that must be included in a claim:
Name address , there number of definent and yearson
Name, address, those number of definent and yearson for and amount of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Soto + Harrandez, PLLC.
Soto + Herrandez, ALC. 2655 S. Leterne food Suite 1008
Coral Galdes, FL 33134
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
Rita Abislainan B. abis
Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,

\$52.50.