

A03000000905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

A03-905

(Document Number)

Certified Copies _____ Certificates of Status _____

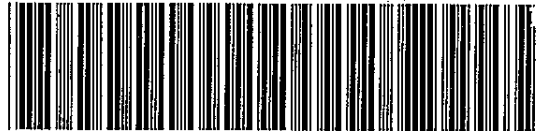
Special Instructions to Filing Officer:

1/3 LP diss

Office Use Only

Robert Landry GAVE
AUTHORIZATION BY PHONE TO
CORRECT remove Eff. date + file as of 1/3/06.
DATE 12/30/06
LOC. EXAM mjt

M. HODGES



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12/30/05--011029--012 **52.50

FILED
06 JAN -3 PM 12:40
TALLAHASSEE, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Halifax Long/Short Equity Fund 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:

Robert E Landry
(Contact Person)

(Firm/Company)

1316 Wicklow Lane
(Address)

Ormond Beach, FL 32174-2807
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert E Landry at (386) 672-0470
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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 ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Halifax Long/Short Equity Fund 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 06/19/2003, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

The written consent of the general partner and all limited 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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Robert E. Landry
John E. Noy

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

TALLAHASSEE FLORIDA

06 JAN -3 PM 12:40

FILED