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(Requestor's Name) (Address) (Address)	500384921905
(City/State/Zip/Phone #)	04/04/2201017015 ++35.00 06/02/2201013005 ++17.50
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	FILED STARY OF STATE SECRETARY OF STATE TALLAHASSEE, FL
Q. SILAC JUN 24 2022 SIZ7122	
Office Use Only	Į – – – – – – – – – – – – – – – – – – –



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 3, 2022

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HOWARD STEIRN PO BOX 133650 HIALEAH, FL 33013

SUBJECT: MSHJ, LTD. Ref. Number: A04000001577

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). Allpages must be returned in order to file the document.

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) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 722A00010236

TO: Registration Section

Division of Corporations

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SUBJECT: MSHJ, 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: HOWARD STEIRN (Contact Person) MSHJ, LTD. (Fimt/Company) PO BOX 133650 (Address) HIALEAN, E 33013 (City, State and Zip Code) For further information concerning this matter, please call: $at (\underline{305}) + \underline{722-0110} \times 201$ HOWARD STEIRN 17 50 Enclosed is a check for the following amount: S113.75 Filing Fee. S105.00 Filing Fee \$61.25 Filing Fee S52.50 Filing Fee Certified Copy, and and Certified Copy and Certificate of Certificate of Status 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

FOR FILED

MSHJ, LTD.

2027 HAY 27 PH 5: 09

(Name of Florida Limited Partnership or Limited Liability Limited Partnership) SECRETARY OF STATE

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 005.62001, assigned Florida document number A040001577, hereby submits this Certificate of Dissolution.

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

PROPORT SOLD,

SECOND: A Notice of Dissolution is attached. (Check box if attached.)

THIRD: Effective date, if other than the date of filing: <u>JORE 1, 2022</u> (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

HOWARD

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