## A0500001585

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					





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## **COVER LETTER**

TO: Registration Section Division of Corporations

## SUBJECT: CLUB DEAL 108 JAX NORTH FLORIDA VENTURE, 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:

Linda Kassof						
	(Contact Person)					
Taurus Investment Ho	oldings LLC					
	(Firm/Company)		•			
610 N Wymore Road	, Suite 200					
	(Address)		,			
Maitland, FL 32751						
	(City, State and Zip Code)		•			
Linda Kassof	tion concerning this m	at ( 407	539-2310	720		
(Name of Contact Person)			and Daytime Tel	ephone Number)		
Enclosed is a check	for the following amo	ount:		SSE 2		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop	y Certified	75 Filing Fee, I Copy, and I Spatial Status		
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section	1	Registra	Registration Section			

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION **FOR**

CLUB DEAL 108 JAX NORT			
(Name of Florida Limited Pa	rtnership or Limited	Liability Limited Partner	rsnip)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 08/1 document number A05000001585 Dissolution.	ed partnership, wh 1/2015	nose certificate was f	iled with the ned Florida
FIRST: Reason for dissolution: (S	tate why partnersl	hip is submitting dis	solution)
The underlying properties were sold.			
			······
SECOND: A Notice of Dissol (Check box if attac	ched.)		
THIRD: Effective date, if other than the da	ate of filing: upon fi	ling	- <del> </del>
(Effective date cannot be prior to nor more Department of State.)	than 90 days after th	ne date this document is f	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appoi	inted pursuant to	SSEE T
Inla 4. Kaf			100 K
			<u> </u>
	<del>-</del> -		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		