A06373

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MAY OF 2014
J. HARRIS

COVER LETTER

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TO: Registration : Division of C						
	SALLEM INVEST Florida Limited Partnersh				ed Partnership)	
The enclosed Certific	cate of Dissolution an	d fee(s) are subm	itted fo	or filing.	
Please return all corr	espondence concerni	ng this	matter to:			
LAURIE DAVIS				_		
	(Contact Person)					
MUSSALLEM GALLE	RIES			_		
	(Firm/Company)					
5801 PHILIPS HIGHW	/AY					
	(Address)			-		
JACKSONVILLE, FL	32216					
((City, State and Zip Code)		······································	-		
For further informati	on concerning this ma	atter, pl	ease call:			
LAURIE DAVIS		at (904	ր 739-	1551	
(Name of Contact Person)			(Area Code	and Da	ytime Telephone Number)	
Enclosed is a check	for the following amo	unt:				
\$52.50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status		05.00 Filing Certified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: MAILING ADDRESS:				ADDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32301			Tallaha	assee, l	FL 32314	
rananassee, fil 323	VI					

CERTIFICATE OF DISSOLUTION FOR

MUSSALLEM INVESTMEN	ITS, LTD.						
(Name of Florida Limited Pa	artnership 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 MARCH 10, 1978, assigned Florida	
document number A06373 , hereby submits this Certificate of							
Dissolution.							
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)						
PARTNERSHIP SOLD THE PROPERTY THAT IT OWNED AND IS NOW CLOSED FOR							
BUSINESS. FILED A FINAL FLORIDA	TAX RETURN AS OF 12/31/13.						
							
							
SECOND: A Notice of Disso	plution is attached.						
(Check box if atta							
·	·						
THIRD: Effective date, if other than the o	late of filing:	_,					
/ Effective data connect he prior to you make	show 00 down often the date this decrease is filed by the Flori	al a					
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florid	аа					
\sim /							
Signatures of each general partner of	or the person appointed pursuant to						
s. 620/1803(3) or (4), F.S.:							
(///////////							
		_					
1/1 -		# #					
1/1							
V		Z 25					
		APR 29					
Filing Fee:	\$52.50						
Certified Copy (optional):	\$52.50	PHI2: 4					
Certificate of Status (optional):	\$8.75	2: 25					
		m OFF					