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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)333-4242

DISS/TERM/CANCEL/REV OF LP/LLP SIMONS LEVINE HOLDINGS, LLLP

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CERTIFICATE OF DISSOLUTION FOR

SIMONS LEVINE HOLDINGS, LL	LP ·	
(Name of Florida Limited Partnership or Li	imited Liability Limited Partnership)	
partnership or limited liability limited Florida Department of State on Septe	620.1203, Florida Statutes, this Florida limited I partnership, whose certificate was filed with the Imper 17, 2007, assigned Florida I hereby submits this Certificate of	
FIRST: Reason for dissolution: (Sta	ate why partnership is submitting dissolution)	
Election of the Partners owning a majority of the Classs A Units to dissolve the partnership dated October 9, 2020.		
SECOND: A Notice of Dissolution (Check box if atta		
Department of State.)	han 90 days after the date this document is filed by the Florida not meet the applicable statutory filing requirements, this date will	
Signatures of each general partner or the pers	son appointed pursuant to s. 620.1803(3) or (4), F.S.:	
Simers cycle General Paymer, LLC By My Manager BARRY PAYIL SIMONS, Manager	Simons I cytho General Pariner, LIC F	
Certified Copy (optional):	\$52.50 \$52.50 \$8.75	