

A 11 0 00000 259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

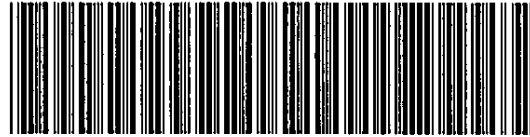
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/22/16--01007--023 **157.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 22 AM 7:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BELL TOWER, L.P.
(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:

CHRISSY SCHEKKERMAN
(Contact Person)

PROPERTIZE B.V.
(Firm/Company)

POSTBUS 71
(Address)

3500 AB UTRECHT, THE NETHERLANDS
(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN BARIC at (954) 648-8028
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$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**

BELL TOWER, L.P.

(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 March 30, 2011, assigned Florida document number A11000000259, hereby submits this Certificate of Dissolution.

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

Partnership has ceased all business activities and liquidated all its assets.

All partners have consented in writing to the dissolution of this partnership.

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.:

By: Marble Real Estate Resolutions, LLC, General Partner

By: PRPZ Management Company B.V., sole Manager

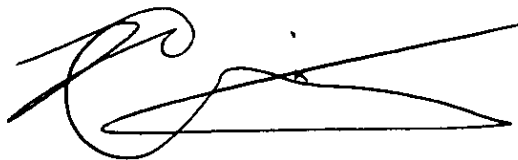
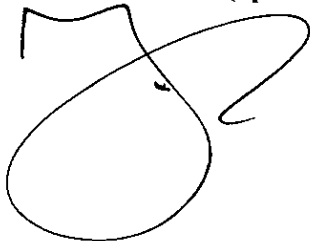
By: Propertix B.U.

By: Propertix B.U.

Name/Title: Jack Mondt / director

Name/Title: Mans Conix / director

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



SECRETARY OF STATE
ALLIANCE OF FLORIDA
16 JUN 22 AM 7:59