## A12 000 000 233

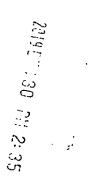
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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R. WHITE JAN 0 8 2020

## COVER LETTER

**TO:** Registration Section

Tallahassee, FL 32301

Division of	Corporat	ions						
SUBJECT:	U.S. Immigration & Investment Consulting, LLLP							
SUBJECT:		(Name of Florida Limited Par	tnership or Limited	l Liability Lin	nited Par	rtnership)		
		cate of Dissolution a espondence concern			d for	filing.		
		(Contac	ct Person)					
U.S. Immigrat	tion Fund.	LLC						
		(Firm)	Company)					
115 Front Stre	et, Suite 3	00						
		(Add	lress)					
Jupiter, Florid	a 33477							
		(City, State a	nd Zip Code)					
For further i	nformati	on concerning this r	natter, pleasc	call:				
Pat Harris			561 320-9040 at ( )					
-	(Name of	Contact Person)	(Are	a Code) (	Daytim	e Telephone Number)		
Enclosed is	a check	for the following am	ount:					
■\$52.50 Fill:	ng Fee	\$61.25 Filing Fee and Certificate of Status		Filing Fee tified Copy		\$113.75 Filing Fee. Certified Copy, and Certificate of Status		
STREET ADDRESS: Registration Section				MAILIN Registratio		DDRESS:		
Division of Corporations			Division of Corporations P. O. Box 6327					
Clifton Building 2661 Executive Center Circle				Tallahassee, FL 32314				

## CERTIFICATE OF DISSOLUTION FOR

U.S. Immigration & Investment Consulting					
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)				
	<del></del>				
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)				
The entity has had no activity, has not conducted any business and there is no partnership agreement.					
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		_₽			
SECOND: A Notice of Dissol (Check box if a		2: 35			
Department of State.)	e than 90 days after the date this document is filed by the Flores not meet the applicable statutory filing requirements, this date				
Signatures of each general partner or the p	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:				
		<del></del>			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				