## A1200000502

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
eft 2/23/16				
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## **COVER LETTER**

10:	Division of	Section Corporations		
SUBJ	ECT: HSP	II Funding, LP		
5020		Florida Limited Partnersh	ip or Limited Liability L	imited Partnership)
The en	nclosed Certif	icate of Dissolution an	d fee(s) are submitte	d for filing.
Please	e return all cor	respondence concerni	ng this matter to:	
Patricia	a R Harris			
		(Contact Person)		
U.S. Ir	nmigration Fun	d, LLC		
		(Firm/Company)		
115 Fr	ont Street, Suit	e 300		
•		(Address)		
Jupiter	r, FL 33477			
	<del>22</del> .	(City, State and Zip Code)		
For fu	rther informat	ion concerning this ma	atter, please call:	
Pat Ha	rris		at ( 561 ) 9	83-4465
	(Name of Con	tact Person)		Daytime Telephone Number)
Enclo	sed is a check	for the following amo	unt:	
\$52.	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$\square \square\ \square\ \square\ \square\ \text{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

HSP II Funding, LP						
(Name of Florida Limited P	artnership or Limited Liabilit	y 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 August 27, 2012 , assigned Florida document number A12000000502 , hereby submits this Certificate of Dissolution.						
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)						
The entity was set up with the Division	of Corporations, however	the partnership was never formed.				
SECOND: A Notice of Disso (Check box if atta	olution is attached.					
THIRD: Effective date, if other than the	late of filing: February 23,	2016				
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date	this document is filed by the Florida				
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person appointed p	oursuant to				
	· .	SECRE CARE				
Nicholas A. Mastroianni, II		ASS.				
Filing Fee:	 \$52.50	OF S FE				
Certified Copy (optional):	\$52.50	TATE ORID				
Certificate of Status (optional):	\$8.75					