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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: FIRE		SPECTES 4 TA ip or Limited Liability Limi	led Partnership)	<u>LTD.</u>	
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted f	or filing.		
Please return all con-	espondence concerni	ng this matter to:			
BARRY TH	(Contact Person) T PROFERTED (Firm/Company)	es a Investmen	ts, LTP.		
2250 000	MOUTRIE (Address)	R09D #7		2119	#EST MARKET
ST. AUGUST.	,,	.086		JUL -3 PMI RETARY OF S AHASSEE FU	T
For further informati	on concerning this m	atter, please call:		IZ: 0 STATE LORID	E. James
BARRY THOU		_at (<u>904</u>) 21	7-3359	> -	
(Name of Conta	nct Person)	(Area Code and Da	aytime Telephone N	umber)	
Enclosed is a check t	for the following amo	eunt:			
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy, ar Certificate of Stat	nd	
STREET ADDRESS: MAILING ADDRESS:					
		Registration	Registration Section		
Division of Corporat	ions	Division of Corporations			
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 323		i ananassee,	FL 32314		

CERTIFICATE OF DISSOLUTION FOR