A13000000 432

(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



400327230964

04/10/19--01023--009 **81.25

19 APR 10 PH 4: 39

04/11/19

COVER LETTER

TO: Registration Section
Division of Corporations
FENTY PROPERTIES LILP SUBJECT:
(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: NIGHE FENTY
(Contact Person)
CEMTEL ASSET MANAGEMENT
(Firm Company)
SUTTE 251, 12-16715 YONGE STREET
r.Address)
NEWMARKET, ONT, CANADA L3X 4X4
(City, State and Zip Code)
for further information concerning this matter, please call:
NIGHL FENTY 905 252-4472 at (
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
inclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee S105.00 Filing Fee and Certificate of and Certified Copy Status Status S105.00 Filing Fee S105.00 Filing Fee Certificate of Status S105.00 Filing Fee S105.00 Filing Fee S105.00 Filing Fee S105.00 Filing Fee Certificate of Status
STREET ADDRESS: MAIL DIC 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

PENTY PROPERTIES LLLP						
(Name of Florida Limited Partnership o	r Limited Liabili	ty Limited	Partnership)			
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 08/1 document number A13000000432 Dissolution.	ted partnership 6/2013	, whose o	ertificate wa	is filed with signed Flori	the	
FIRST: Reason for dissolution: (S	State why nor	norchin ic	a chamissian .	diagolision)	19	
NO REMAINING ASSETS OR LIABILI	- •			orssolution)). - - - -	-;^
				71.5	0	111
		-		7	72	
		<u> </u>	-	<u> </u>	آ. دی	—
SECOND: A Notice of Disso (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective d	e date of filing:	APRIL 6, 20 Ter the date opticable sta	this document autory filing re	•		
Signatures of each general partition of the p	crson appointed	pursuant to	s. 620.1803(3)	or (4), F.S.:		
Filing Fee:	\$52.50					
Certified Copy (optional):	\$52.50					
Certificate of Status (optional):	\$8.75					