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Office Use Only



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SECRETARY OF STATE

FILED

### **COVER LETTER**

TO: Registration Section	
Division of Corporations	•
SAFINA INVESTMENTS SUBJECT:	SLP
	nited Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolu Please return all correspondence co	ntion and fee(s) are submitted for filing. Oncerning this matter to:
	(Contact Person)
STEINBERG/GARRELLEK	
	(Firm/Company)
200 East Palmetto Park Road	
	(Address)
Boca Raton, FL 33432	
(City	y, State and Zip Code)
For further information concerning	this matter, please call:
Steven Garellek	561 391-3344 at ( )
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
S52.50 Filing Fee S61.25 Filing and Certificat 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

## SAFINA INVESTMENTS LP (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 11/26/2013 , assigned Florida document number A13000000728 hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) Closed Business **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) 11/02/2018 **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 Liv Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records. Signatures of each general partner or the person 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

FILEU

# NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: Salina Investments LP
Description of information that must be included in a claim:  Return address
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State 200 Fast Palmetro
200 East Palmetto
Boca Raton, FL 33432
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
Daniel Rabinovich
Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.