

#A13847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

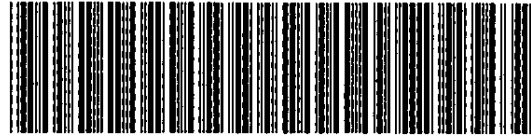
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT - 2 2013

<sup>THE</sup>  
**Shapiro**  
LAW FIRM

1776 N. Pine Island Road, Suite 308  
Fort Lauderdale, Florida 33322  
Telephone: 954-382-0088  
Facsimile: 954-382-9008

Kenneth W. Shapiro  
kshapiro@lawshapiro.com

September 27, 2013

Florida Secretary of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

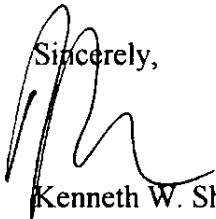
Re: 300 Pine Island Associates, Ltd. (document number A13847)

Dear Sir or Madam:

Enclosed please find a Cover Letter and a Statement of Termination for the above-referenced limited partnership, along with our check in the amount of \$52.50 to cover the filing fee for such amendment.

Please contact the undersigned with any questions or comments.

Sincerely,



Kenneth W. Shapiro

KWS:hs  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 300 PINE ISLAND ASSOCIATES, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KENNETH E. MORRIS  
(Contact Person)

(Firm/Company)

1730 MAIN STREET, SUITE 206  
(Address)

WESTON, FL 33326  
(City, State and Zip Code)

For further information concerning this matter, please call:

KENNETH E. MORRIS at ( 954 ) 474-1776  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

STATEMENT OF TERMINATION  
FOR

300 PINE ISLAND ASSOCIATES, LTD.

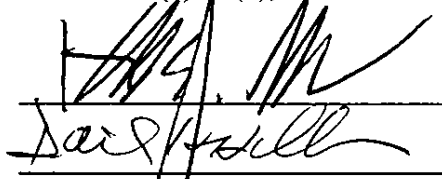

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED  
13 SEP 30 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 JANUARY 14, 1983, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
  
\_\_\_\_\_  
STEVEN L. COHEN

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75