

A14 000 000 040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

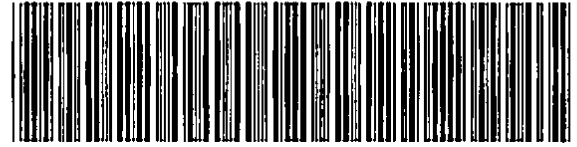
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

663-676-



100396643041

02/08/23--01018--004 **27.56

100396643041
10/21/22--01024--008 **25.00

FILED
2023 FEB -8 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FL

2/8/2023

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: NORTHPOINT INVESTMENTS PARTNERSHIP, LP

(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:
SAMUEL J. CANTOR

(Contact Person)

SAMUEL J. CANTOR, P.A.

(Firm Company)

1001 YAMATO ROAD SUITE 310

(Address)

BOCA RATON, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

PATRICIA KOHSMAN

at (

561

982-9555

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2023

Correcte

~~SAMUEL J CANTOR~~
~~1001 YAMATO ROAD~~
~~SUITE 310~~
~~BOCA RATON, FL 33431~~

Corporate Access

SUBJECT: NORTHPOINT INVESTMENTS PARTNERSHIP, LP
Ref. Number: A14000000040

We have received your document for NORTHPOINT INVESTMENTS PARTNERSHIP, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 423A00001752

RECEIVED
2023 FEB - 7 PM 3:41
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

NORTHPOINT INVESTMENTS PARTNERSHIP, LP

2023 FEB -8 PM 12: 58

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

SECRETARY OF STATE
TALLAHASSEE, FL

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 01/21/2014, assigned Florida document number A14000000040, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

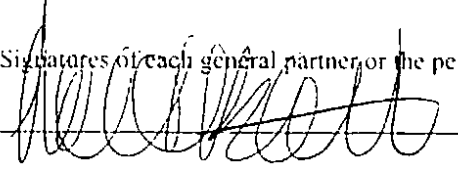
THE BUSINESS HAS BEEN CLOSED

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 10/18/22
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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

**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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
NORTHPOINT INVESTMENTS PARTNERSHIP, LP

Description of information that must be included in a claim:

COMPLETE COPIES OF DOCUMENTATION FOR THE BASIS OF THE CLAIM

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

6671 W. INDIANTOWN ROAD, SUITE 50 PMB 435

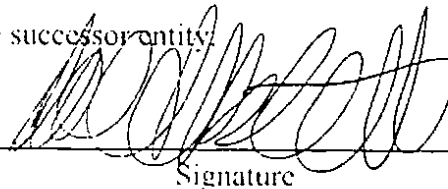
JUPITER, FL 33458

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:

ROBERT BLATT

Printed Name



Signature

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