A1400000015)

(Re	questor's Name)				
(Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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03/23/21--01041--003 **61.23







June 3, 2021

ROY VILLAREAL 4705 S APOPKA VINELAND RD SUITE 201 ORLANDO, FL 32819

SUBJECT: UST XXII MULTIFAMILY, LTD.

Ref. Number: A14000000151

We have received your document for UST XXII MULTIFAMILY, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLLP, LTD, but your entity is a FLORIDA. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 521A00012109

Yasemin Y Sulker Regulatory Specialist III

COVER LETTER

TO:	Registration	Section				
Divis	ion of Corpora	ations				
SUR.	IFCT:	UST XXII M	ULTIFAMI	LY, LTD.		
SUBJECT: (Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
		icate of Dissolution a rrespondence concerr ROY VI		natter to:	I for filing.	
		(Conta	iet Person)			
		ESTE	IN USA			
		(Firm/	Company)			
		4705 S. APOPKA VINI	ELAND RO	OAD, SUITE 20:	ı	
		(Add	Iress)			
		ORLANDO	, FL. 32819)		
		(City, State a	and Zip Code)			
For fu	arther informa	tion concerning this r	matter, ple	ease call:		
	ROY	VILLAREAL	at (407	909-2200	
	(Name	of Contact Person)	u ((Area Code) (E	Daytime Telephone Number)	
Enclo	osed is a check	for the following an	ount:			
<u></u> S52	2.50 Filing Fee	S61.25 Filing Fee and Certificate of Status		5.00 Filing Fee Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:			MAILING	G ADDRESS:		
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

UST XXII MULTIFAMILY, LTD.

32,7,,,,,		
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)	
partnership or limited liability limite Florida Department of State on	h 620.1203, Florida Statutes, this Florida limit and partnership, whose certificate was filed wit MARCH 14, 2017, assigned Florida Limit, hereby submits this Certificate of	h the
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
THE LIMITED PARTNERSHIP IS N	O LONGER TRANSACTING BUSINESS IN FLORI	DA.

SECOND: A Notice of Dissol (Check box if at		
	JUNE 14, 2021	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more	date of filing:	e Florida
Department of State.) Note: If the date inserted in this block does not be listed as the document's effective da	a not meet the applicable statutory filing requirements, ate on the Department of State's records.	this date wil
Signatures of cuch general partner or the pe	erson appointed pursuant to s. 620,1803(3) or (4), F.S.:	
- fr fr	<u></u>	P :
	<u> </u>	 ω-
		9
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	