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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
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COVER LETTER

10: Registration Section	
Division of Corporations	
Stewart Investment Holdings, SUBJECT:	L.P
	Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolutio Please return all correspondence concellaura J. COHEN, ESQ.	
(Co	ontact Person)
Ellis Law Group, PL	
(Fi	rm/Company)
4755 Technology Way, Stc. 205	
(Address)
Boca Raton, FL 33431	
(City, Sta	ate and Zip Code)
For further information concerning thi	is matter, please call:
Laura J. Cohen	561 910-7500 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate o Status	S105.00 Filing Fee f and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

F	ILED
18 OCT .	1 84 0 -
ALLATIAS	SEE, FLORIDA

STEWART INVESTMENT HOLDINGS, LP

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

(Name of Florida Diffried Factorship of	Summer Manual Summer Campany
•	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
CEASED DOING BUSINESS AS OF 12/	/31/2017
SECOND: A Notice of Dissol (Check box if a	
Department of State.)	e than 90 days after the date this document is filed by the Florida s not meet the applicable statutory filing requirements, this date wil
Signatures of each general partner or the p STEWART ASSET MANAGEMENT. LI	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
PHILIP A. STEWART, Manager	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75