A21000000539

(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:

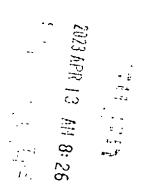




600406552886

S. CHATHAM
JUN 2023

14.11 (1.11cmol) **1.5.



COVER LETTER

TO: Registration Section			
Division of Corporations			
ProofInvest Trading Fund LP SUBJECT:			
(Name of Florida Limited Pa	rtnership or Limited Liability	Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concern Elaine Chang		itted for filing.	
(Conta	et Person)		
ProofInvest Trading Fund LP			
(Firm)	Company)	· ···	
13254 Summer Rain Dr			
(Add	lress)		
Orlando, Fl 32828			
(City, State a	ind Zip Code)		
For further information concerning this r	matter, please call:		
Elaine Chang	646 at (504-5712)	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following am	ount:		
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing F and Certified Co		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	_	ation 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

(Name of Florida Limited Partnership or	Limited Liability Limi	ted Partnership)		_
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Septe document number A21000000529 Dissolution.	620.1203. Florida ed partnership, who ember 30, 2021	Statutes, this Florida I	with the Florida	
FIRST: Reason for dissolution: (S	tate why partnershi	p is submitting dissolu	ition)	
This compnay is formed to doing business	with trading related but	there is a disagrement		_
in between the partenerhsip so the business	never been operate or	have any activities.		
				_
			97	_ 20
SECOND: A Notice of Dissol (Check box if at				23 APR 13
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more			by the Florida	β !!\ !
Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	not meet the applicable te on the Department o	e statutory filing requireme f State's records.	ents, this date	
Signatures of each general partner-or the pe	rson appointed pursuar	it to s. 620.1803(3) or (4).	F.S.:	-
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			