A34077

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	Isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:

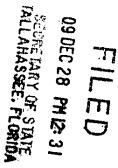
Office Use Only

EFFECTIVE DATE 12/28/09



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12/28/09--01030--025 **113.75



D. BRUCE
DEC 2 9 2009
EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT: 145 (Name of	Associates, Florida Limited Partnershi	LTD p or Limited Liability Limi	ted Partnership)	
The enclosed Certif	icate of Dissolution and	d fee(s) are submitted f	for filing.	
Please return all cor	respondence concernir	ng this matter to:		
Josep	oh T. Walsh, E	squire		
	(Contact Person)			1
McCarter & English		三世 38		
	(Firm/Company)			☆ 吊
405 N F	King Street, 8	th Floor		ASA ASA
703 11.	(Address)	<u> </u>		% 72 ∞
Wilmingt	con, DE 19801			9 DEC 28 PH 12: 31
	(City, State and Zip Code)			35
				물귀 쓰
For further informa	tion concerning this ma	atter, please call:		
Joseph T. V	Valsh tact Person)		984–6394 aytime Telephone Nun	nber)
Enclosed is a check	for the following amo	unt:		
S52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fe Certified Copy, and Certificate of Status	
Registration Section R Division of Corporations			Section Corporations	
	ifton Building P. O. Box 6327 61 Executive Center Circle Tallahassee, FL 32314			

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

145 Associates, LTD. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
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 $\frac{12/31/86}{}$, assigned Florida document number A 2 4 0 7 7, hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
The Partnership has ceased doing business and	
has distributed its assets to the limited	
partners and the general partner.	>
SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: December 28, 2009	
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	
Trustee for General Partner, 14 Realty Corp.	
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:
145 Associates, LTD.
Description of information that must be included in a claim:
Basis of claim, whether in tort or contract,
amount of claim and date when claim originated.
<u> </u>
09 L
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Joseph T. Walsh, Esquire
McCarter & English
405 N. King Street, 8th Floor
Wilmington, DE 19801
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:
JOSEPH T. WALSH Joy Male
Printed Name Signature

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

EFFECTIVE DATE 12/28/09