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PIVISION OF CORFORATIONS
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## **COVER LETTER**

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<b>TO:</b> Registration Division of C	Section Corporations		
SUBJECT: Tamp (Name of	oa Plaza IV Comp Florida Limited Partnersh	Dany, LTD. ip or Limited Liability Limi	ted Partnership)
The enclosed Certif	icate of Dissolution an	nd fee(s) are submitted f	or filing.
Please return all cor	respondence concerni	ng this matter to:	
Mike Williamson, Sr.,	<del></del>		
	(Contact Person)		
Cardinal Paragon, Inc	<b>).</b>		
	(Firm/Company)		
8214 Westchester Blv	vd 9th Floor		
02.7.7.30.01.00.07.2	(Address)		
	,		
Dallas, TX 75225			
	(City, State and Zip Code)		
For further informat	tion concerning this m	atter, please call:	
Mike Williamson, Sr.,	CPA	at ( 214 ) 360	-1856
(Name of Con	tact Person)		aytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
☑ \$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 ADDRES	SS:	MAILING A	ADDRESS:
Registration Section		Registration	
Division of Corpora		Division of O	
Clifton Building		P. O. Box 6327	
2661 Executive Cer		Tallahassee,	FL 32314
Tallahassee, FL 32	3() I		

## CERTIFICATE OF DISSOLUTION **FOR**

Tampa Plaza IV Company,	LTD.	_
(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	
partnership or limited liability limit Florida Department of State on 1/20	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 6/1988, assigned Florida	
	, hereby submits this Certificate of	
Dissolution.		
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
The affairs of the partnership have been wound down and it's reason for existence has been		
completed.		
		10
		- <b>X</b>
		- <del></del>
COCOND TO ANAL COL		PH
SECOND: A Notice of Disso (Check box if atta		\frac{1}{2} \frac{1}{2}
(Check box if alla	.ched.)	: 44
THIRD: Effective date, if other than the	date of filing:	·- (
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida	a
Signatures of each general partner of s. 620.1803(3) or (4) 17.5.:	or the person appointed pursuant to	
Moon		
		<u> </u>
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	