A28236

: (Rec	questor's Name)	
(Add	dress)	<u> </u>
(Add	dress)	
(City	//State/Zip/Phon	ne #)
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PICK-UP	WAIT	MAIL
(Bus	siness Entity Na	me)
(Do	cument Number	
100)	ournent Number,	,
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPOSATIONS





May 23, 2006

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CONNIE MAHANEY PETER LAWRENCE COMMERCIAL REAL ESTATE, I 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634

SUBJECT: A J A PROPERTIES NO. 4, LTD.

Ref. Number: A28236

We have received your document for A J A PROPERTIES NO. 4, LTD. and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

CERTIFICATE OF DISSOLUTION MUST BE FILED BEFORE STATEMENT OF TERMINATION IS FILED.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 606A00035984

2006 JUN - I PM L: 06

TO: Registration Section Division of Corporations	
SUBJECT: ADA Properties No. 4, L+d. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Dhama Pulis (Contact Person) Peter lawlence Commercial bol 25tate. Inc (Firm/Company) 4710 Eisenhauer Blud., Swite (-1) (Address) Tampa, R. 33634	SECRETARY OF STATE DIVISION OF CORPURATIONS
For further information concerning this matter, please call: TOKANO PUIS at (813) 889-8855 (Name of Contact Person) (Area Code and Daytime Telephone Number)	06 048
Enclosed is a check for the following amount: \$\Bigcup \\$\\$52.50 \text{ Filing Fee} \\$61.25 \text{ Filing Fee} \\$105.00 \text{ Filing Fee}, \text{Certified Copy}, and \text{Certificate of Status} \text{Certificate of Status}	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
* Please replace this dissolution for the termination form submitted.	
Thorks	

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P	artnership or Limited Liability Limited Partnership)	
partnership or limited liability limit	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the pril 28, 1989, hereby submits the	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
The partnership has disso	olved and is winding up its business.	
		_
		
		
SECOND: A Notice of Dissol (Check box if attack)		
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 Flo	rida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Kristopher M. Hoover, Pres	ident	2006
		L NOP 9002
Filing Fee:	\$52.50 852.50	PH PH
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	ተ፡ 06