A32561

(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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02/01/22--01011--022 **25.00

03/24/22--01002--018 **27.50

2022 MAR 21 PM 12: 42

APPROVED AND FILED

COVER LETTER

TO: Registr	ation Section		
Division of Co	rporations		
SUBJECT:	CF Partners, Ltd.		
_	(Name of Florida Limited Part	nership or Limited Liability Limited	Parmership)
	Certificate of Dissolution and Correspondence concerni		or filing.
	Jonathan R. Ringham		
	(Contac	t Person)	
	Iron River Managemei	nt LLC	
		Company)	
	215 Allegheny Ave Ste	205	
	(Addr	ess)	
	Oakmont PA 15139		
	(City, State ar	id Zip Code)	·
For further info	ormation concerning this m	natter, picase call:	
Debbie Camp	pana	at (412)372	2-1746
	(Name of Contact Person)	(Area Code) (Dayt	2-1746 ime Telephone Number)
Enclosed is a c	heck for the following amo	ount:	
X \$52.50 Filing	Fee \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADI Registration So Division of Co Clifton Buildir 2661 Executiv	ection rporations ng e Center Circle	MAILING A Registration S Division of C P. O. Box 632 Tallahassee, I	Section forporations 27

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership o	r Limited Liabil	lity Limited Partnership)	<u> </u>	_
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State ondocument numberA32561Dissolution.	ed partnershi February 6,	p, whose certificate wa 1992, as:	is filed with the signed Florida	
FIRST: Reason for dissolution: (S	State why par	tnership is submitting	dissolution)	
The entity owned Coral Falls Apartme	ents which sol	d on April 8, 2021.		
				
SECOND: X A Notice of Disso	lution is attac	hed.		
(Check box if a				
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective date.	s not meet the a	applicable statutory filing re		
not be listed as the document's effective di	ate on the Depa	timent of State S records.		
Signatures of each general partner or the p	erson appointed	I pursuant to s. 620.1803(3)	or (4), F.S.:	
	_ +	<u></u>	2.	202
Filing Fee:	\$52.50			2 ±
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			FILE 022 MAR 21
				PH 12: 4

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 Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: CF Partners, Ltd. Description of information that must be included in a claim: (1) Detailed description of the claim (2) Information regarding the claim (3) Amount of the claim (4) Mailing address Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 215 Allegheny Ave Ste 205 Oakmont PA 15139 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: Jonathan R. Ringham Printed Name Signature

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