## A93000001120

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#4/11/28 TO MIT 10: 30

O SIMMON: MAY 21 2021

## **COVER LETTER**

TO: Registration Section	on	
Division of Corporations		
SUBJECT: <u>BUSTER</u> (Name	BOYNTON BEACH ASSOCIATES LIMITED PARTNERSHIP of Florida Limited Partnership or Limited Liability Limited Partnership)	م
Please return all correspo	of Dissolution and fee(s) are submitted for filing. Indence concerning this matter to:	
- HILLARY	(Contact Person)	
	(Contact Person)	
EBL+S/	PROPERTY MANAGEMENT, INC. (Firm/Company)	
200 SOUTH	BROAD STREET THE BELLEVUE SUITE 415 (Address)	
PHILADELPI	City, State and Zip Code)	
For further information co	oncerning this matter, please call:	
HILLARY WE (Name of Conta	at (2/5) 790 - 47/9 (Area Code) (Daytime Telephone Number)	
Enclosed is a check for th	ne following amount:	
aı	61.25 Filing Fee S105.00 Filing Fee S113.75 Filing Fee, and Certificate of and Certified Copy Certificate of Status  Status Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION FOR

BUSTER BOYNTON BEACH	ASSOCIATE.	S LIMITED	PARTNER	SHIP	
(Name of Florida Limited Partnership or L	imited Liability	Limited Partners	hip)		
Pursuant to the provisions of section 6 partnership or limited liability limited Florida Department of State on <u>16</u> document number <u>A9300000 112</u> Dissolution.	partnership, 1993 129   1993 20, hereb	whose certifications by submits this	ate was filed v, assigned f s Certificate o	Florida f	
FIRST: Reason for dissolution: (Sta	ite why partne	ership is subm	itting dissolut	ion)	
INACTIVE			<del>-</del>		\$ ar .=-
					5
SECOND: A Notice of Dissolu (Check box if atta		ed.		;	AM 10: 30
THIRD: Effective date, if other than the of (Effective date cannot be prior to nor more to Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	not meet the app	licable statutory	filing requirement		
Signatures of each general partner or the per	son appointed p - -	oursuant to s. 620.  RY: B. Sto  RT: BUST  RY: HI/K	1803(3) or (4), 1 L. BULAT.	F.S.: Roac (A HS S. V.f.	Ssociik, L P  -  -
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				