A9500000 200

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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APR 01 2019 S. YOUNG

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT. Tionil // (CO) of		
SUBJECT: <u>vals Associate</u> (Name of Florida Limited Partners)	Lunited Partnership	
	,	
The enclosed Certificate of Dissolution and f	ce(s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
Chris Hank		
(Contact Pers	ion)	
HPI Property	Management Inc	
(Firm/Compa	Management Inc	
- PO 150x	31417	
(Audress)		
Charleston	n. Sc 29417	
(City, State and Zip	Code)	
For further information concerning this many		
For further information concerning this matte	r, please call:	
α .		
(Name of Contact Person)	at (<u>843</u>) <u>853.6311</u> (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
amount.		
S52.50 Filing Fee S61.25 Filing Fee and Certificate of	\$105.00 Filing Fee \$113.75 Filin	
Status	and Certified Copy Certified Cor Certificate c	
	osimicale (
STREET ADDRESS:	M . W	
Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporation	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

	otes hunited Partnership	
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)	_
Florida Department of State on	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 29191995, assigned Florida 200, hereby submits this Certificate of	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
	- all its holdings in the State of FL	_
		_
		- 19
SECOND: A Notice of Dissol (Check box if at		F17.77
Department of State.)	than 90 days after the date this document is filed by the Florida	
Signatures of each general partner or the pe	rson appointed pursuant to s. 620.1803(3) or (4). F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	