## A970000025

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LP dissolution

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## CORPORATE ACCESS, \_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN							
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XX	CERTIFIED COPY PHOTOCOPY						
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XX	FILING	DISS	OLUTION				
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CIA) FRU	L CTIONS:						
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## COVER LETTER

TO: Registration Section							
Division of Corporations							
SUBJECT:  NINTH STREET PARTNERS, LTD.  (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:  ROBERT SALTSMAN							
(Contact Person)							
ROBERT P. SALTSMAN, P.A.							
(Firm/Company)							
P.O. BOX 2146							
(Address)							
WINTER PARK, FL 32790							
(City, State and Zip Code)							
For further information concerning this matter, please call:							
ROBERT SALTSMAN 407 647-2899							
(Name of Contact Person) (Area Code) (Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$52.50 Filing Fee S105.00 Filing Fee and Certificate of Status S105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and 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							

FILED

## CERTIFICATE OF DISSOLUTION FOR

2023 SEP 26 AM 9: 01

NINTH STREET PARTNERS, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

(Name of French Emilies Farmorship e	or allerence and the	, Dillinou I di dicionip,
	ted partnership	orida Statutes, this Florida limited, whose certificate was filed with the assigned Florida eby submits this Certificate of
FIRST: Reason for dissolution: (	State why partr	nership is submitting dissolution)
CEASED OPERATIONS		
	<del></del>	
SECOND: A Notice of Disso (Check box if a		ed.
Department of State.)	e than 90 days aft s not meet the app	er the date this document is filed by the Florida plicable statutory filing requirements, this date will ment of State's records.
Signatures of each general partner or the p		ursuant to s. 620.1803(3) or (4), F.S.:
	_	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	