A9700000917

R)	Requestor's Name)			
(A	address)			
(A	Address)			
(C	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
([Occument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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TO: Regi	stration	Section		
Division of	Согрога	tions		
SUBJECT:	PORT 9	S HOLDINGS, LTD		
		(Name of Florida Lunited Part	nership or Limited Liability	Limited Partnership)
	n all cor	cate of Dissolution arespondence concerni		itted for filing.
		(Contac	t Person)	
GREENSPOO	ON MARI	DER LLP		
		(Firm/C	ompany)	
200 E. BROW	/ARD BL	VD., STE 1800		
		(Addr	css)	
FORT LAUD	ERDALE	, FLORIDA 33301		
		(City, State ar	nd Zip Code)	
For further i	nformat	ion concerning this m	natter, please call:	
ALAN B. COHN, ESQ.		954 at (491-1120	
	(Name o	f Contact Person)	(Area Code)	(Daysime Telephone Number)
Enclosed is	a check	for the following amo		
\$52.50 Fili	ng Fec	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing I and Certified C	
STREET A	DDRE	SS:	MAIL	ING ADDRESS:
Registration Section			Registration Section	
Division of Corporations		Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

PORT 95 HOLDINGS, LTD.	
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on APRI document number A97000000917 Dissolution.	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 1L 23, 1997, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Distributing the assets to partners of the pa	ırtnership.
SECOND: A Notice of Dissol (Check box if a	
THIRD: Effective date, if other than the	e date of filing: DECEMBER 31, 2019
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Note: If the date inserted in this block doe not be listed as the document's effective di	s not meet the applicable statutory filing requirements, this date wi
not be listed as the document's effective of	ste on the Department of State 5 records.
Signatures of each general partner or the p	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Way And	
Filing Fee:	\$52.50 \$52.50
Certified Copy (optional): Certificate of Status (optional):	\$8.75

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 Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: PORT 95 HOLDINGS, LTD.
Description of information that must be included in a claim: No claims applicable
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
1812 SW 31st Avenue, Pembroke Pines, Florida 33009
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:
Angela Kelsey, President of General Partner By: Port 95 Aoldings, Inc., General Partner By:
Printed Name Signature

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

\$52.50.