

A9700000/820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

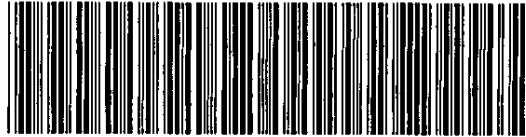
(Document Number)

Certified Copies _____ Certificates of Status _____

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A97-1820

08/31/15--01011--021 **52.50

cert of diss.

FILED
15 SEP 25 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSC North Port, 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:

Marsha Soffer

(Contact Person)

~~Timberly Associates~~

(Firm/Company)

19501 Biscayne Blvd, Suite 400

(Address)

Aventura, FL 33180

(City, State and Zip Code)

For further information concerning this matter, please call:

Gwen Romain

(Name of Contact Person)

at (305) 933-5527

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2015

MARSHA SOFFER
19501 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33180

SUBJECT: SSC NORTH PORT, LTD.
Ref. Number: A97000001820

We have received your document for SSC NORTH PORT, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show the current general partner as "SSC NORTH PORT, INC." therefore this is the GP that should be listed, with an officer of the corporation signing on its behalf.

The person executing the document must state beneath or opposite his or her signature his or her capacity, such as trustee, receiver, personal representative, court appointed fiduciary, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 415A00018703

**CERTIFICATE OF DISSOLUTION
FOR**

SSC North Port, Ltd.

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

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on August 22, 1997, assigned Florida document number A97000001820, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

Closed Business

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: N/A

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Masha Soffer, GP. PRESIDENT

SSC NORTHPORT INC

GENERAL PARTNER

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

15 SEP 25 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED