(Requestor's Name)					
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COVER LETTER

TO:	Registration Division of	Section Corporations					
SUBJ		ay Office Plaza, L					
	(Name of	Florida Limited Partnershi	ip or Limited Liability Limit	ed Partnership)	•		
The er	nclosed Notic	e of Dissolution and fe	ee(s) are submitted for f	iling.			
Please	return all cor	respondence concerni	ng this matter to:				
Loui	s J. Appig	nani					
		(Contact Person)					
Lou	JA Realty,	Inc.					
		(Firm/Company)		•			
1643	3 Brickell	Ave. #3805			SEC	15 h	
		(Address)				PR	
Miar	mi, FL 33	129			SSA SSA SSA SSA SSA SSA SSA SSA SSA SSA	APR 28 AM 11: 37	1
		(City, State and Zip Code)			7347	=	
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For fu	rther informa	tion concerning this m	atter, please call:		#.T	ت	
Loui	is J Appig	nani	at (305) 85	6-5258			
	(Name of	Contact Person)		ytime Telephone Nu	ımber)	_	
Enclo	sed is a check	for the following amo	ount:				
▼\$52 .:	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy, at Certificate of State	nd		
STREET ADDRESS:		MAILING A					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations P. O. Box 6327					
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314					
	assee FI 32		i uniunubbee,				

CERTIFICATE OF DISSOLUTION FOR

+

Delray Office Plaza, Ltd.		
(Name of Florida Limited Par	tnership or Limited Liability Limi	ted Partnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on February A99000000266 Dissolution.	d partnership, whose certifications 16, 1999	ate was filed with the, assigned Florida
FIRST: Reason for dissolution: (St	ate why partnership is submi	itting dissolution)
The consent of all the partners.		<u> </u>
		15 IALLI
Arrana Brank to the t		AH PR
SECOND: A Notice of Dissol (Check box if attac		A C
THIRD: Effective date, if other than the da	ate of filing: April 30, 2015	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this do	cument is filed by the Florida
Signatures of each general partner or s. 620.1803(3) or (4), F.S.:	the person appointed pursua	unt to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	