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(F	Requestor's Name)	
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2121 APR 30 ARTH: 23

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corpor	ations				
SUBJECT: FIRST	NEW YORK MUNICIPA				
	ficate of Dissolution a rrespondence concern				
- · · · · · · · · · · · · · · · · · · ·	(Contac	et Person)			
	(Firm/	Company)			
3300 62ND STREET	N				
	(Add	ress)			
ST PETERSBURG, F	L 33710				
	(City, State a	nd Zip Code)			
For further informa	ation concerning this r	natter, please call	:		
JAMES DOUGLAS JR		727 at (
(Name	of Contact Person)	(Area Code	(Daytime Telephone Number)		
Enclosed is a check	k for the following am	ount:			
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified			
STREET ADDRE Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314			

CERTIFICATE OF DISSOLUTION FOR

MENTS GROU	P, L 1D.	247 p2 130	FRU: 23
imited Liability	Limited Part	nership)	
l partnership, 1999	whose cert	ificate was filed , assigned	with the Florida
ite why partne	ership is su	bmitting dissolu	tion)
N WOUND DO	WN AND A	LL ASSETS DIST	RIBUTED.
tion is attache ached.)	d.		
ot meet the appl	icable statuto	ory filing requireme	
son appointed pu	rsuant to s. 6	20.1803(3) or (4).	F.S.:
		···-	
\$52.50			
\$52.50 \$8.75			
	imited Liability 520.1203, Flo partnership, 1999, hereb tie why partne N WOUND DO tion is attache ached.) sate of filing: han 90 days after to meet the appl on the Departm son appointed pu	20.1203, Florida Statuto partnership, whose cert 1999, hereby submits ate why partnership is sult N WOUND DOWN AND All ate of filing: than 90 days after the date this so the Department of State's son appointed pursuant to s. 6 \$52.50 \$52.50	imited Liability Limited Partnership) 520.1203, Florida Statutes, this Florida I partnership, whose certificate was filed 1999, assigned, hereby submits this Certificate atte why partnership is submitting dissoluted in the Wound Down and All Assets Distributed in the day after the date this document is filed not meet the applicable statutory filing requirement on the Department of State's records. \$52.50 \$52.50

NOTICE OF DISSOLUTION

FOR FLORIDA LIMITED PARTNERSHIP 2321 APR 30 MEH: 23

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: FIRST NEW YORK MUNICIPAL INVESTMENTS GROUP, LTD.
Description of information that must be included in a claim: NAME, ADDRESS, PHONE NUMBER AND CONTACT PERSON FOR CLAIMANT. ALSO DATE,
AMOUNT & BASIS FOR CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) JAMES DOUGLAS 3300 62ND STREET N
ST PETERSBURG. FL 33710
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:
JAMES DOUGLAS JR Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.