49 000002103

(Requestor's Name)	
(Address)	400068507504
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	93/23/65U1928U01 **:5
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	20.73.23 EHR 55
	in the second se

Office Use Only

**3数3。5日

COVER LETTER

то:	Registration	Section Corporations			
SUBJ	ECT: Smi	giel Partners I		y Limited Partnership)
The en	nclosed Certif	icate of Dissolution a	nd fee(s) are subm	itted for filing.	
Please	return all con	rrespondence concerni	ing this matter to:		
Ste	phanie V	/inston			
		(Contact Person)		-	
Smi	igiel Part	ners IV, Ltd.			
		(Firm/Company)		•	
P. 0	D. Box 54	10669			
		(Address)		•	
Lak	e Worth.	FL 33454			
		(City, State and Zip Code)	-	The State of the S
For fu	ırther informa	tion concerning this m	natter, please call:		
Ster	ohanie W	/inston	at (561	968-3605	1887 W
	(Name of Con			and Daytime Telepho	one Number)
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 and Certified Cop		py, and
STRE	EET ADDRE	SS:	MAIL	ING ADDRESS:	
	tration Section			ation Section	
Division of Corporations		Division of Corporations			
	n Building			ox 6327	
	Executive Cer		Tallaha	ssee, FL 32314	
Tallah	nassee, FL 32	301			

CERTIFICATE OF DISSOLUTION FOR

Smigiel Partners IV, Lt	d <u>. </u>	
(Name of Florida Limited Pa	urtnership or Limited Liability Limite	ed Partnership)
Pursuant to the provisions of section partnership or limited liability limited. Florida Department of State on 12 Certificate of Dissolution.	n 620.1203, Florida Statutes, the partnership, whose certifica /16/1999	nis Florida limited te was filed with the _, hereby submits this
FIRST: Reason for dissolution: (S	state why partnership is submit	ting dissolution)
Partnership is no longe	er in existance.	
		,
SECOND: A Notice of Dissol (Check box if attack)		
THIRD: Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this doc	ument is filed by the Florida
Signatures of each general partner of s. 620.1803(3).or (4), F.S.:	or the person appointed pursua	nt to
Gary Smigiel, L. C.		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	