B9800000621

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
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N. COMPON JAN 11 2011

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT: SJS	- 4000 Center Lir f Florida Limited Partners			nited Partnership)	
The enclosed Certi	ficate of Dissolution at	nd fee(s) are s	ubmitted	for filing.	
Please return all co	rrespondence concerni	ng this matter	to:		
Lenard Brown, CPA					
	(Contact Person)				
Seniors Healthcare, I	nc.				
	(Firm/Company)				
1111 18/					
1114 Wynwood Aver	(Address)		—		
	(Address)				
Cherry Hill, NJ 08002	?				
	(City, State and Zip Code)				
For further informa	tion concerning this m	atter, please c	all:		
Lenard Brown, CPA		at (856) 66	3-4044	
(Name of Con	tact Person)		Code and I	Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:			
\$52.50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status	\$105.00 F and Certified		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES	SS:	M	AILING	ADDRESS:	
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building		P. 6	P. O. Box 6327		
2661 Executive Cer		Tal	lahassee	, FL 32314	
Tallahassee, FL 32:	301				

CERTIFICATE OF DISSOLUTION **FOR**



SJS - 4400 Center Limited Partnership (Name of Florida Limited Partnership or Limited Liability Limited	Partnership)
Pursuant to the provisions of section 620.1203, Florida Statutes, this partnership or limited liability limited partnership, whose certificates Florida Department of State on October 22, 1998 document number B98000000621 , hereby submits this Countries of Dissolution.	was filed with the
FIRST: Reason for dissolution: (State why partnership is submitti	ng dissolution)
Building was sold on March 8, 2007 and all assets have now been distribu	ited.
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	
THIRD: Effective date, if other than the date of filing:	,
(Effective date cannot be prior to nor more than 90 days after the date this docum Department of State.)	nent is filed by the Florida
Signatures of each general partner or the person appointed pursuant	to
s. 620.1803(3) or (4), F.S.:	of Jan
	<i>V</i>
Filing Fee: \$52.50 Certified Copy (optional): \$52.50	
Certificate of Status (optional): \$8.75	