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(Re	equestor's Name)	<del>-</del>
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	, <u></u>
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SEGRETARY OF STATE

MAY OT 2014 J. HARRIS

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT: 1920 (Name of	6th Street South Florida Limited Partnersh	<u>, L.P.</u> ip or Lim	ited Liabilit	y Limit	ed Partnership)
The enclosed Certifi	cate of Dissolution an	d fee(s)	are subm	itted f	or filing.
Please return all corn	espondence concerni	ng this 1	natter to:		
Daniel K. Weidenbruck				_	
	(Contact Person)				
Roetzel & Andress, LF	PA				
	(Firm/Company)			-	
850 Park Shore Drive	, Trianon Centre, Third I	Floor			
ODD T GIR OHOLE BILLE	(Address)	1001		-	
	, ,				
Naples, Florida 34103				_	
(	City, State and Zip Code)				
For further informat	ion concerning this m	atter, pl	ease call:		
Sarah H. Grieb, Esq.		at (	239	1 649	-2727
(Name of Cont	act Person)		(Area Code	and Da	ytime Telephone Number)
Enclosed is a check	for the following amo	unt:			
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing tertified Cop		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:		MAIL	ING A	ADDRESS:
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building			P. O. Box 6327		
2661 Executive Cen			Tallaha	issee,	FL 32314
Tallahassee, FL 323	01				

## CERTIFICATE OF DISSOLUTION FOR

ij

1920 6th Street South, L.P.	
(Name of Florida Limited P	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on Apr	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the ril 2, 2014, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (3	State why partnership is submitting dissolution)
1920 6th Street South, L.P. is dissolving	ng because it is not needed at this time and all general and
limited partners have determined that	the dissolution is in the best interests of the limited partnership
SECOND: A Notice of Disso (Check box if atta	olution is attached. ached.)
THIRD: Effective date, if other than the	date of filing:
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
XZ	
Linden Maples, Inc., General Partner	
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75
cer amente or cuttus (optionar).	1