

A 19 000000277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

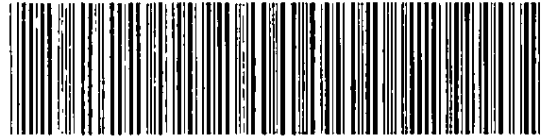
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2023 JAN 17 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

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2022 DEC 29 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

1/18/2023



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/16/2023

Name: Greg Pintacuda

Reference #: 1868743

Entity Name: CRESTVIEW II VENTURE LP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

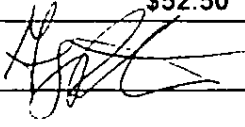
☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$52.50

Signature: 



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2023

COGENCY GLOBAL

SUBJECT: CRESTVIEW II VENTURE LP  
Ref. Number: A19000000277

We have received your document for CRESTVIEW II VENTURE LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 023A00000977

RECEIVED  
2023 JAN 17 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 3, 2023

COGENCY GLOBAL

SUBJECT: CRESTVIEW II VENTURE LP  
Ref. Number: A19000000277

We have received your document for CRESTVIEW II VENTURE LP and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 323A00000055

RECEIVED  
2023 JAN 12 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**CRESTVIEW II VENTURE LP**

**2023 JAN 17 AM 9:27**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**SECRETARY OF STATE  
TALLAHASSEE, FL**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 07/09/2019, assigned Florida document number A19000000277, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)  
**Voluntary dissolution due to title transfer and property sale**

**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 document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Sydne Garchik

DocuSigned by:

[Signature]

71CFA6D9118645D

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75