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| (Requestor's Name) |
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| (Address) |
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| (O) + (O) + + (G) + (D) + + + + (O) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Division of C | | | | |
|--|---|---|--|--|
| SUBJECT: Name of | illage Squa | are Partners p or Limited Liability Limit | LLLP | |
| | | | | |
| The enclosed Certificate of Dissolution and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to: | | | | |
| | | | | |
| | Contact Person) | | | |
| _ The Dev | Concent Gr (Firm/Company) | oup Inc | | |
| 7645 Gat | elopment Gr (Firm/Company) e Parkway S (Address) | Suite 208 | | |
| Jackson ville Horida 32250 (City, State and Zip Code) | | | | |
| | | | | |
| For further informati | on concerning this ma | atter, please call: | | |
| Tammy Doutins at (904) 641-1232 (Name of Contact Person) (Area Code and Daytime Telephone Number) | | | 41-1232 | |
| (Name of Contact Person) (Area Code and Daytime Telephone Number) | | | aytime Telephone Number) | |
| Enclosed is a check | for the following amou | unt: | | |
| \$52.50 Filing Fee | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filing Fee and Certified Copy | \$113.75 Filing Fee, Certified Copy, and Certificate of Status | |
| STREET ADDRESS: | | MAILING ADDRESS: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| Clifton Building 2661 Executive Center Circle | | P. O. Box 6327 Tallahassee, FL 32314 | | |
| Tallahassee FI 32301 | | i ananassee, | 1 L J J T | |

CERTIFICATE OF DISSOLUTION FOR

| (Name of Florida Limited Partnership) |
|--|
| (Name of Florida Limited Partnership or Limited Liability Limited Partnership) |
| 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 4101200 , assigned Florida document number 000000059, hereby submits this Certificate of Dissolution. |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) |
| The limited partnership has completed |
| winding up its affairs and wishes to file a statement of termination. |
| to file a statement of termination. |
| \mathcal{U} |
| 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.) |
| Signatures of each general partner or the person appointed pursuant to s. 620 1803(3) or (4), F.S.: |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 |