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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

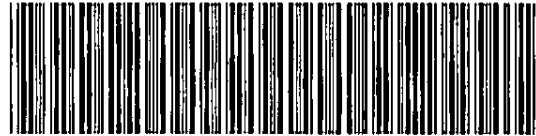
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

MAR 22 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCBCP LIMITED PARTNERSHIP

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

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Courtney Fonovic

(Contact Person)

Piceme Real Estate

(Firm/Company)

75 Lambert Lind Highway

(Address)

Warwick, RI 02886

(City, State and Zip Code)

For further information concerning this matter, please call:

Courtney Fonovic

at (401) 732-3700

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JAN -9 AM 11:53

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**CERTIFICATE OF DISSOLUTION
OF
NCBCP LIMITED PARTNERSHIP,**
a Florida limited partnership

FILED
2023 JAN -9 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FL

The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is NCBCP Limited Partnership (the "Partnership").
2. The Partnership's initial certificate of limited partnership was filed on March 31, 2003.
3. The reason the Partnership is filing this certificate of dissolution is that the Partnership is being dissolved pursuant to the consent of all general partners and limited partners.
4. The effective date of dissolution is the date hereof.
5. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by the undersigned, as the sole general partner of the Partnership, as of this 23rd day of September, 2022.

GENERAL PARTNER:

COVENANT GROUP OF ORLANDO, LLC,
a Florida limited liability company

By: The Covenant Community
Development Corporation of Orlando, Inc.,
its manager

DocuSigned by:
By: Leroy Rose
AD7E13638026423
Leroy Rose III
Director/President

**NOTICE OF DISSOLUTION
OF
NCBCP LIMITED PARTNERSHIP,**
a Florida limited partnership

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided Section 620.1807 of the Florida Statutes.

1. The name of the limited partnership is NCBCP Limited Partnership (the "Partnership").

2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.

3. The mailing address where claims can be sent is 247 N. Westmonte Drive, Altamonte Springs, Florida 32714.

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by the general partner of NCBCP Limited Partnership, as of the 23rd day of September, 2022.

GENERAL PARTNER:

COVENANT GROUP OF ORLANDO, LLC,
a Florida limited liability company

By: The Covenant Community
Development Corporation of Orlando, Inc.,
its manager

DocuSigned by:
By: Leroy Rose
Leroy Rose III
Director/President

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