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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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EXAMINER



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SECRETARY OF SECRETARY

COVER LETTER

TO: Registration Division of C				
SUBJECT: 6th A	ve Buildings, LT	D ship or Limited Liabili	ty Limited Partnership)	
The enclosed Statem	ent of Termination an	d fee(s) are submi	tted for filing.	
Please return all corr	espondence concernir	ng this matter to:		
Stuart J. Zook				
(Contact Person)				
Newport Prope	erty Ventures			
	(Firm/Company)			
3211 Ponce De Leon Blvd, #202				
	(Address)	_		
Coral Gables, Florida 33134				
(City, State and Zip Code)			
For further information concerning this matter, please call:				
Vivian Sanche	Z	at (_305)	529-3239	
(Name of C	Contact Person)	(Area Code	and 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 F and Certified Copy		
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee FL 323	tions ter Circle	Registra Division P. O. Bo	ng ADDRESS: tion Section of Corporations ox 6327 (see, FL 32314	

STATEMENT OF TERMINATION **FOR**

(6th AVE Buildings, LTD
	(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 July 30, 2003, hereby submits this Statement of Termination.
	The limited partnership or limited liability limited partnership has completed winding up ts affairs and wishes to file a statement of termination.
	Signatures of each general partner or the person appointed pursuant to 6. 620.1803(3) or (4), F.S.:
<i>/</i> .	RA Z
-	

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