

**A04000001150**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

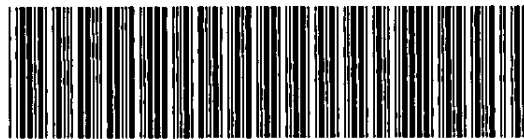
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**800235121818**

05/25/12--01028--016 \*\*61.25

**800235121818**  
04/18/12--01032--024 \*\*52.50

FILED  
12 MAY 25 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
MAY 29 2012  
**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2012

STUART ZOOK / NEWPORT PROPERTY VENTURES  
3211 PONCE DE LEON BLVD #202  
CORAL GABLES, FL

SUBJECT: CHURCH AVE APARTMENTS, LTD.  
Ref. Number: A04000001150

We have received your document for CHURCH AVE APARTMENTS, LTD. and check(s) totaling \$52.50 of which \$52.50 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$61.25 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 212A00012681

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHURCH AVE APARTMENTS, LTD  
(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:

Stuart Zook  
(Contact Person)

Newport Property 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 Sanchez at ( 305 ) 529-3239  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input checked="" type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

**CERTIFICATE OF DISSOLUTION  
FOR**

FILED  
12 MAY 25 PM 4: 01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CHURCH AVE APARTMENTS, 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 A04000001150, assigned Florida document number July 13, 2004, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

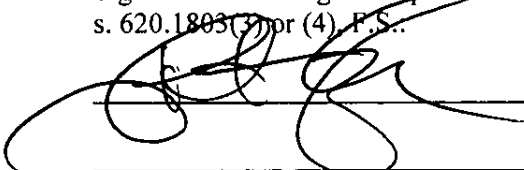
Property associated with entity has been sold.

**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