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| (Re | equestor's Name) | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | isiness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to | Filing Officer: | 5M | | | | |
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NATIONAL DEVELOPER OF THE YEAR



COVER LETTER

| TO: Registration | | • | | | 300 S.E. 2nd Street |
|---|----------------------------|-----------------------|--------------------------|--------------------|-------------------------------|
| Division of | Corporations | | | | Ft. Lauderdale, Florida 33301 |
| | | | | | 954.627.9350 |
| ~ · · · · · · · · · · · · · · · · · · · | G II, LTD. | | | | 954.627.9399 Fax |
| (Name of | f Florida Limited Partners | hip or Limited Liab | lity Lir | nited Partnership) | stiles.com |
| | | | | | stiles@stiles.com |
| The enclosed Certif | icate of Dissolution a | nd fee(s) are sub | mitted | for filing. | |
| | | | | <u> </u> | a series |
| Please return all cor | тespondence concern | ing this matter to | : | | |
| • | | | | | |
| Judy Shei | rman | | | | |
| . Judy Blief | (Contact Person) | | | | |
| | (Contact 1 cison) | | | | |
| STILES CO | ORPORATION | | _ | | |
| | (Firm/Company) | | | | |
| 300 g F | 2nd Street | | | | |
| | (Address) | | | | |
| | (Fiduress) | | | | |
| Fort Lauc | ierdale, FL 333 | 01 | | | |
| | (City, State and Zip Code |) | . | | |
| | | | | | |
| For further informat | ion aonoamina thia m | | | | |
| For further informat | ion concerning this m | iaiter, piease caii | | | |
| Judy Sher | rman | at (954 | ١ ، | 627-9156 | |
| (Name of Cont | | · | | Daytime Telephone | Number) |
| , | , | (11100 000 | o und z | sayanne reiephone | , ivalifoci) |
| Enclosed is a check | for the following amo | ount: | | | |
| _ | _ | | | | |
| X \$52.50 Filing Fee | ☐ \$61.25 Filing Fee | 🗌 \$105.00 Filin | | 🔲 \$113.75 Fili | ng Fee, |
| | and Certificate of | and Certified Co | ру | Certified Copy | |
| | Status | | | Certificate of S | tatus |
| STREET ADDRES | SS: | MAII | ING | ADDRESS: | |
| Registration Section | | Registration Section | | | |
| Division of Corporations | | | Division of Corporations | | |
| Clifton Building P. O. Box 6327 | | | | | |
| 2661 Executive Center Circle | | Tallahassee, FL 32314 | | | |
| Tallahassee, FL 323 | | | , | | |

CERTIFICATE OF DISSOLUTION FOR

| | SG II, LT | | |
|--|---|---------------------------------------|---------------------|
| (Name of Florida Limited P | artnership or Limi | ited Liability Limited Partnersh | ip) |
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Agreement of Dissolution. | ed partnership, | whose certificate was file | |
| FIRST: Reason for dissolution: (S | State why partn | ership is submitting dissol | ution) |
| All assets sold and | proceeds di | stributed. | |
| - | | | OS TAL |
| | · — - · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | - FE 8 |
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| | | | m _c P |
| SECOND: A Notice of Dissol (Check box if attack | | ed. | PM 12: 37 SEFLORIDA |
| THIRD: Effective date, if other than the o | date of filing: | | |
| (Effective date cannot be prior to nor more Department of State.) Signatures of each general partner of s. 620.1803(3) or (4), F.S.: Patriotic Enterprises, LLC By Rocco Ferrera, Vice Press | or the person ap | | l by the Florida |
| Filing Fee: | \$52.50 | | |
| Certified Copy (optional): | \$52.50 | | |
| Certificate of Status (optional): | \$8.75 | | |