

#A05000001517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

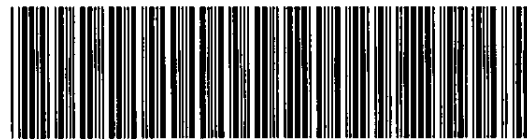
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800266907528

12/03/14--01020--013 **157.50

EFFECTIVE DATE
12-31-2014

FILED
2014 DEC -3 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 11 2014



Five Concourse Parkway
Suite 2600
Atlanta, Georgia 30328

t: 404-760-6000
f: 404-760-0225
www.tlslaw.com

SUSAN A. FORD
d: 404-760-0209
sford@tlslaw.com

December 1, 2014

BY 2ND DAY FEDERAL EXPRESS
404-656-2185

Florida Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Certificates of Dissolution to be filed

Dear Sir or Madam:

I am enclosing the following:

1. Cover letter for Sofran Davenport Phase II, Ltd. with attached:
 - (a) Certificate of Dissolution; and
 - (b) Notice of Dissolution.
2. Cover letter for Sofran Leesburg, Ltd. with attached:
 - (a) Certificate of Dissolution; and
 - (b) Notice of Dissolution.
3. Cover letter for Sofran Tuscany, Ltd. with attached:
 - (a) Certificate of Dissolution; and
 - (b) Notice of Dissolution.
4. Check in the amount of \$157.50 to cover the \$52.50 filing fee for each of the above documents.
5. Self-addressed prepaid Federal Express envelope for your use in returning the filed documents to me.

Thrasher Liss & Smith, LLC

Florida Secretary of State
December 1, 2014
Page 2

Thank you!

Sincerely,

THRASHER LISS & SMITH, LLC

A handwritten signature in black ink, appearing to read 'Susan Ford', written over the company name.

Susan Ford
Paralegal

Encl

cc: Mr. Orlando Marzano (w/ encl – By E-Mail)
Suzan E. Roth, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sofran Davenport Phase II, 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:

Suzan E. Roth, Esq.
(Contact Person)

Thrasher Liss & Smith, LLC
(Firm/Company)

Five Concourse Parkway, Suite 2600
(Address)

Atlanta, GA 30328
(City, State and Zip Code)

For further information concerning this matter, please call:

Sue Ford at (404) 760-0209
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

EFFECTIVE DATE
12-31-2014

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2014 DEC -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sofran Davenport Phase II, 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 27, 2005, assigned Florida document number A05000001517, hereby submits this Certificate of Dissolution.

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

Partnership no longer owns property in Florida and is no longer doing business.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2014

(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.:

THE SOFRAN CORPORATION, a Delaware corporation

By: 
Norman Zavalkoff, Executive Vice President

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

EFFECTIVE DATE
12-31-2014

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2014 DEC -3 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Sofran Davenport Phase II, Ltd.

Description of information that must be included in a claim:

Claimant's name, address, telephone number and e-mail address; amount of alleged claim and

a detailed description of the event or circumstance giving rise to the alleged claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Sofran Davenport Phase II, Ltd.

c/o Presud Associates

5500 Ave Royalmount, Suite 300

Montreal, Quebec CANADA H4P 1H7

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

THE SOFRAN CORPORATION, a Delaware corporation

By: 

Norman Zavatkov, Executive Vice President

Fee: No charge if included with Certificate of Dissolution. If filed separately,
\$52.50.