(((H23000089387 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STILES CORPORATION

Account Number : I20020000020 Phone : (954)627-9350 Fax Number : (954)627-9393

DISS/TERM/CANCEL/REV OF LP/LLP ATLANTIC PROPERTIES VENTURE II, LTD.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$52.50 |

Electronic Filing Menu — Corporate Filing Menu

Help

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To:

(((H23000089387 3)))

COVER LETTER

| TO: Registration Section | |
|--|--|
| Division of Corporations | |
| SUBJECT: ATLANTIC PROPERTIES | VENTURE II, LTD. |
| (Name of Florida Limite | of Partnership or Limited Liability Circled Partnership) |
| The enclosed Certificate of Dissolution Please return all correspondence concluded Watkins | cerning this matter to: |
| | Contact Person) |
| Stiles Corporation | |
| () | True Conquery) |
| 201 E Las Olas Blvd. STE1200 | |
| | (Address) |
| Ft. Lauderdale, FL 33301 | |
| (Cily, S | (ate and Zip Code) |
| For further information concerning th | is matter, please call; |
| Lynda Watkins | at () |
| (Name of Contact Person) | (Area Code) (Dayrime Felephone Number) |
| Enclosed is a check for the following | amount: |
| \$52.50 Filing Fee Status | |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section Division of Corporations | Registration Section |
| Clifton Building | Division of Corporations P. O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tallahassee, FL 32314 |

To

(((H23000089387 3)))

19546279393

CERTIFICATE OF DISSOLUTION FOR

| ATLANTIC PROPERTIES VENTURE 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 12/08/2005, assigned Florida document number A05000002201, hereby submits this Certificate of Dissolution. | | | | |
|---|---|--|----------------------------------|--|
| | | | FIRST: Reason for dissolution: (| State why partnership is submitting dissolution) |
| | | | All assets sold and distributed. | · |
| | | | | |
| | | | | |
| | | | | |
| SECOND: A Notice of Disso (Check box if a | | | | |
| (Effective date vannot be prior to nor mor Department of State) | ie date of filing: e than 90 days after the date this document is filed by the Florida 🔀 | | | |
| Note: If the date inserted in this block doe not be listed as the document's effective d | s not meet the applicable statutory filing requirements, this date will ate on the Department of State's records. | | | |
| Signapores of each general pagner or the p | person appointed pursuant to s. 620,1803(3) or (4), F.S.; = | | | |
| 1000000 | 2: 3 | | | |
| KENTE TILL | | | | |
| P | | | | |
| Filing Fee: Certified Copy (optional): | \$52.50 \$52.50 | | | |
| Certificate of Status (optional): | \$8.75 | | | |