## ACCOCCOSTA

| (Re                                     | questor's Name)  |             |  |  |
|---|------------------|-------------|--|--|
| (Address)                               |                  |             |  |  |
| (Ad                                     | dress)           |             |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificates   | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |

Office Use Only



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PECTIVE DATE

TALLAHASSEE FLORIDA

NOV 2 2 2016 S. YOUNG

## **COVER LETTER**

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| TO: Registration S       |  |                                  |                         |          |
|--------------------------|--|----------------------------------|-------------------------|----------|
| Division of C            | -  |                                  |                         |          |
|                          | GULF WAY                                     |                                  | ****                    |          |
| (Name of F               | oreign Limited Partnership                   | p or Limited Liabili             | ty Limited Partnership) |          |
| The enclosed Notice      | of Cancellation and fe                       | e(s) are submitte                | ed for filing.          |          |
| Please return all corre  | espondence concernin                         | g this matter to:                |                         |          |
| T. RAYMON                | D SUPLEE                                     |                                  |                         |          |
|                          | (Contact Person)                             |                                  | <del>-</del>            |          |
| SUPLEE, SHEA             | , CRAMER & RO                                | CKLEIN PA                        |                         |          |
|                          | (Firm/Company)                               |                                  | <del>-</del>            | 5        |
| 800 S OSPR               | EY AVE                                       |                                  |                         | 10 A C.I |
|                          | (Address)                                    |                                  | _                       | 7        |
| SARASOTA                 | , FL 34236                                   |                                  |                         | •        |
| (0                       | City, State and Zip Code)                    |                                  | _                       |          |
| For further information  | on concerning this ma                        | tter, please call:               |                         |          |
| T. RAYMON                | D SUPLEE                                     | <sub>at (</sub> 941              | 366-3600                |          |
| (Name of Conta           | ct Person)                                   | (Area Code                       | and Daytime Telephone I | Number)  |
| Enclosed is a check f    | or the following amou                        | int:                             |                         |          |
| \$52.50 Filing Fee       | \$61.25 Filing Fee and Certificate of Status | \$105.00 Filin and Certified Cop |                         | and      |
| STREET ADDRES            | S:   | MAIL                             | ING ADDRESS:            |          |
| Registration Section     |  | Registration Section             |                         |          |
| Division of Corporations |  | Division of Corporations         |                         |          |

P. O. Box 6327

Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION FOR

| 1307 GULF WAY, LLLP  |   |
|--|---|
| (Name of Florida Limited Pa  | artnership or Limited Liability Limited Partnership)                |
|  |   |
| FIRST: Reason for dissolution: (S                                  | State why partnership is submitting dissolution)                    |
| NO LONGER DOING BUSINESS   |   |
|  |   |
|  |   |
|  |   |
| SECOND: A Notice of Disso (Check box if atta                       |   |
| THIRD: Effective date, if other than the c                         | date of filing: 12-31-2016  |
| (Effective date cannot be prior to nor more Department of State.)  | e than 90 days after the date this document is filed by the Florida |
| Signatures of each general partner of s. 620.1803(3) or (1), F.S.: | or the person appointed pursuant to                                 |
| TPRESIDENT CA GO   | eron 7 Ante   |
| Filing Fee:<br>Certified Copy (optional):                          | \$52.50<br>\$52.50  |
| Certificate of Status (optional):                                  | \$8.75  |