To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 01/06



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(((H19000086785 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone

: (844)386-0178

Fax Number

: (214)317-4754

DISS/TERM/CANCEL/REV OF LP/LLP 64/20 VILLAS, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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S. PRATHER

To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 02/06 (((H190000867853)))

STATEMENT OF TERMINATION FOR

	Villas, LLLP or Limited Liability Limited Partnership)
(Addition of Fortal Similes I maiorship	of Eliment Elability (similed Faddletsinp)
or limited liability limited partnership, whose	3, Florida Statutes, this Florida limited partnership certificate was filed with the Florida Department of submit this Statement of Termination.
The limited partnership or limited liability lim affairs and wishes to file a statement of termin	action.
Signatures of each general partner or person a Section 620.1803(3) or (4), Florida Statutes:	ppointed pursuant to
Thereso faments	3/8/19
Managing Partner	
Filing Fee: \$52.50	

\$52.50

Certified Copy (optional):

Certificate of Status (optional): \$ 8.75

To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 03/06 (((H190000867853)))

CERTIFICATE OF DISSOLUTION

Pursuant to section 620.1801, Florida Status, the following statement of dissolution is submitted:

FIRST: The name of the limited liability limited partnership is 64/20 VILLAS, LLLP.

SECOND: The partnership was registered with the Florida Department of State on 05/15/2006 And assigned registration number A06000000682.

THIRD: All of the assets of the partnership have been sold and all proceeds are being distributed pursuant to the Partnership Agreement.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 8th day of HARCH . 2019	2019	
	HAR	
Signature of partner: Tuenta faccent		
Print name of partner signing: Fernando Gavarrete	高い野	و و
6420 Lofts, LLC		7

To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 04/06 (((H190000867853)))

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Signed this day of		
Signature of partner:	201 5	
Print name of partner signing: Braulio Perez.	2019 MAR 11 STALLATI	, cases
ABC Gainesville Kondo, LLC	ASSEE.	; ;
	<u> </u>	

To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 05/06 (((H190000867853)))

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Signed this day of	<u>HARCH</u> , 2019	
Signature of partner:	/ws D	2019 MA
		AR II
Print name of partner signing:	George Kamkoff	in the second
	Kondocon 6420, LLC	AM 9: 05

To: 18506176383 From: 14694451465 Date: 03/14/19 Time: 9:22 AM Page: 06/06 (((H190000867853)))

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I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of partner:

Print name of partner signing:

Caser Sordo

Gainesville Conversions-Lofts, LLC

Fig. 6.