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(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies : Certificates of Status
Special Instructions to Filing Officer:
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CORRECTEFF date
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OB HAY - 1 AM ID: 06
SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT: A1A C				
(Name of F	lorida Limited Partnershi	p or Limited Liability	Limited Partnership)	
The enclosed Notice	of Dissolution and fe	e(s) are submitted	for filing.	
Please return all corre	espondence concernir	ng this matter to:		
Tom C. Hermar				
. (Contact Person)				
A1A Outparcel	Group LLLP			
	(Firm/Company)			
8959 Astronaut	Blvd			
(Address)				
_	. =			
Cape Canavera				
(0	City, State and Zip Code)			
For further information	on concerning this ma	atter, please call:		
Tom C. Hermansen		_at (_941)	587 2808	
(Name of Contact Person)		(Area Code a	nd Daytime Telephone Number)
Enclosed is a check for	or the following amo	unt:		
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing F and Certified Copy		•
STREET ADDRESS Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	Registra Division P. O. Bo	nd ADDRESS: tion Section of Corporations ox 6327 ssee, FL 32314	

FILED

CERTIFICATE OF DISSOLUTION FOR

08 MAY - 1 AM 10: 06

SECRETARY OF STATE TALLAHASSEE FLORIDA

A1A Outparcel Group LLLP

Certificate of Status (optional):

(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 114/2006 _____, hereby submits this Florida Department of State on | | | Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Partnership's sole asset sold. **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing:_ (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.: OUTPARCEI CORP. The Pressoent AJ Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

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

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: A1A Outparcel Group LLLP Description of information that must be included in a claim: [a] Name & address of claimant, [b] Justification for claim Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State) 8959 Astronaut Blvd Cape Canaveral, FL 32920 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 notice. Signature of a general partner or a principal of the successor entity: Tom C. Hermansen Printed Name

\$52.50

\$52.50

Filing Fee:

Certified Copy (optional):