

A07630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

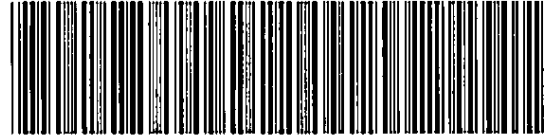
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500399003245

LP certificate of dissolution

RECEIVED
2023 JAN 13 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
JAN 17 2023

FILED
2023 JAN 13 AM 11:43

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/13/2022

Acc#I20160000072

gr: c DW

| | |
|-------------|----------------|
| Name: | WESTGATE, LTD. |
| Document #: | |
| Order #: | 14729191 - 1 |

| | | | |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend: | <input type="checkbox"/> | | |
| Plain Copy: | <input type="checkbox"/> | | |
| Certificate of Good Standing: | <input type="checkbox"/> | | |
| Certified Copy of | <input type="checkbox"/> | | |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: | |
| | | Number of Certs: | |

| | |
|---|--|
| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/> |
| | Plain: <input checked="" type="checkbox"/> |
| | COGS: <input type="checkbox"/> |

Email Address for Annual Report Notifications:

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ **52.50**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WESTGATE, 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:
J. C. Demetree, Jr.

(Contact Person)

JCD Westgate, LLC

(Firm/Company)

1551 Atlantic Blvd. Suite 300

(Address)

Jacksonville, FL 32207

(City, State and Zip Code)

For further information concerning this matter, please call:

Jay Demetree at (904) 398-7350

(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy \$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

FILED

2023 JAN 13 AM 11:43

CERTIFICATE OF DISSOLUTION FOR

WESTGATE, 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 6/26/1979, assigned Florida document number A07630, hereby submits this Certificate of Dissolution.

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

The Partnership submits this Certificate of Dissolution as it was terminated pursuant to the partnership

agreement and is in the process of winding up its business and liquidating its assets.

SECOND: [X] 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

J. C. Demetree, Jr., President of JCD Westgate, L.L.C., a General Partner of Westgate, Ltd.

Mani J. Demetree, Manager of WCD Westgate, L.L.C., a General Partner of Westgate, Ltd. 1/13/2023

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$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:
WESTGATE, LTD.

Description of information that must be included in a claim:

1. The name and address of the claimant. 2. The date the claim arose. 3. The nature of the claim.

4. The amount of the claim. 5. Copies of any and all documents or instruments evidencing or memorializing the claim. 6. Each claim must be submitted separately

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

1551 Atlantic Blvd. Suite 300

Jacksonville, FL 32207

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:

J. C. DEMETREE, Jr.,
President of JCD Westgate, L.L.C.,
~~a General Partner of Westgate, Ltd.~~
Printed Name


Signature

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

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Jacksonville, FL 32207

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