

A07630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

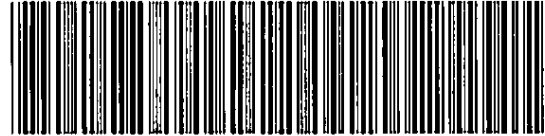
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500399003245

LP certificate of  
dissolution

RECEIVED  
2023 JAN 13 AM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY  
JAN 17 2023

2023 JAN 13 AM 11:43

FILED

# CT CORP

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

Date: 01/13/2022  
Acc#I20160000072

*en: LSW*

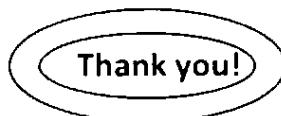
Name:	WESTGATE, LTD.
Document #:	
Order #:	14729191 - 1

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"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ 52.50



## 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

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**  
**2023 JAN 13 AM 11:43**

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

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

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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(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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(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

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