

A10000000415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

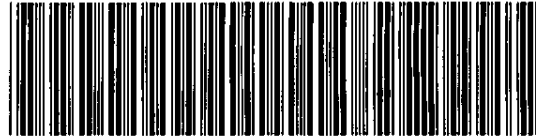
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 345501 7288091

AUTHORIZATION : 

COST LIMIT : \$52.50

ORDER DATE : October 25, 2016

ORDER TIME : 4:45 PM

ORDER NO. : 345501-005

CUSTOMER NO: 7288091

DOMESTIC FILINGS

NAME: THE WAVES APARTMENTS, LP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2016 OCT 31 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE WAVES APARTMENTS, LP

(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 July 30, 2010, assigned Florida document number A10000000415, hereby submits this Certificate of Dissolution.

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

Partnership Terminated and Liquidated

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.:
BOA PARTNERSHIP GP, LLC, General Partner

Ann Medeiros, Authorized Representative

Ann Medeiros, Authorized Representative

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75