

A10000000415

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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\* file and  
do not separate  
please\*

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 : 4:46 PM

ORDER NO. : 345501-010

CUSTOMER NO: 7288091

TERMINATION FILING

NAME: THE WAVES APARTMENTS, LP

XX TERMINATION

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: \_\_\_\_\_

STATEMENT OF TERMINATION  
FOR

THE WAVES APARTMENTS, LP

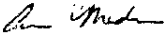
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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



\_\_\_\_\_, Authorized Representative

Ann Medeiros, Authorized Representative

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