

A10000000468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

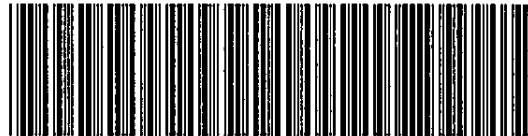
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900279706249

12/07/15--01052--006 **52.50

12/31/15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC - 7 AM 9:59

FILED

N. Culligan DEC - 8-2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXIS PERIMETER CENTER INVESTORS, LP
(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:

Shelley Marciano
(Contact Person)

WLD Enterprises, Inc.
(Firm/Company)

401 E Las Olas Blvd., Suite 2200
(Address)

Fort Lauderdale, FL 33301
(City, State and Zip Code)

For further information concerning this matter, please call:

Shelley Marciano at (954) 523-7771
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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

2015 DEC -7 AM 10: 00

**CERTIFICATE OF DISSOLUTION
FOR**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AXIS PERIMETER CENTER INVESTORS, 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 08/20/2010, assigned Florida document number A10000000468, hereby submits this Certificate of Dissolution.

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

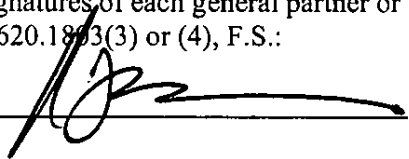
Winding up partnership

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/31/2015

(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.:



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:

AXIS PERIMETER CENTER INVESTORS, LP

Description of information that must be included in a claim:

Name of claimant

Origination date and amount of claim

Reason for claim / Payment due

Efforts made to collect / contacts used in collection efforts

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

WLD Enterprises Inc.

401 E Las Olas Blvd., Suite 2200

Fort Lauderdale, FL 33301

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:

Robert J. Puck

Printed Name


Signature

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC -7 AM 10:00

FILED