# AIZ COCCCC 320

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PICK-UP WAIT MAIL
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(Document Number)
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#### **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: GRACE CAPITAL TOWNINGS LLLP (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:  Contact Person	
GRACE CA-PITAL HOLDINGS LLC  (Firm/Company)	
1034 SEASTOE DRIVE : 3 (Address)	
Delpty DeActi, FL 33483 (City, State and Zip Code)	
For further information concerning this matter, please call:	
Path C BOLAND at (203) 246-8432  (Name of Contact Person) (Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee Certified Copy Status S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314	

Tallahassee, FL 32301

#### CERTIFICATE OF DISSOLUTION FOR

GNACE CAPITAL	- HOWI'	165 LLLF	P	
(Name of Florida Limited Partnership or				<del></del>
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on \( \sqrt{\frac{1}{2}}\) document number \( \frac{\boldsymbol{BVW}}{\text{P12000000}}\).	d partnership, v	vhose certificate 2012_	was filed with assigned Flor	ı the
FIRST: Reason for dissolution: (St		rship is submitti	ng dissolution	) ———
SECOND: A Notice of Dissolution (Check box if att	tached.)			2719
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	not meet the appli	cable statutory filir	ng requirements, t	<b></b> '
				<u>۔۔۔</u> م
Signatures of each general partner or the pe	rson appointed pu  	rsuant to s. 620.180	13(3) or (4), F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$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:
Description of information that must be included in a claim:
MOUNT FULL SUPPONTING DUCUMENTY-770L
27
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
1034 SCASTOE DR . 5
DURAY BEACH, Fr 33483
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:  Printed Name  Signature

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