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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISS/TERM/CANCEL/REV OF LP/LLP
NOBLE AP IV, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SEP 16 2013

J. BRYAN

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noble AP IV, 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:

TRACI L. AMBROSINO
(Contact Person)

NOBLE MANAGEMENT COMPANY
(Firm/Company)

4280 PROFESSIONAL CENTER DRIVE, SUITE 100
(Address)

PALM BEACH GARDENS, FL 33410
(City, State and Zip Code)

For further information concerning this matter, please call:

TRACI L. AMBROSINO at (561) 988-0070
(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 5327
Tallahassee, FL 32314

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**CERTIFICATE OF DISSOLUTION
 FOR**

NOBLE AP IV, 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 AUGUST 30, 2012, assigned Florida document number A12000000512, hereby submits this Certificate of Dissolution.

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

WRITTEN CONSENT OF ALL PARTNERS OF THE LIMITED PARTNERSHIP

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.:

Traci L. Ambrosino
Vice President of
Sole general partner NPA IV, Inc.

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

H13000204690 3