Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : C T CORPORATION SYSTEM

Account Number : Phone :

: FCA000000023 : (850)222-1092

Fax Number

(850)878-5368

DISS/TERM/CANCEL/REV OF LP/LLP

NOBLE AP I, LTD.

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

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Corporate Filing Menu

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9-16-13

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COVER LETTER

TO: Registration						
Division of (Corporations					
SUBJECT: Noble (Name of	Plorida Limited Partnershi	ip or Lim	ited Liabilit	y Limit	od Partnership)	
The enclosed Certif	icate of Dissolution an	d fec(s)	are subm	itted f	or filing.	
Please return all cor	respondence concernir	ng this I	matter to:			
TRACIL AMBROSIN	0			_		
	(Contact Person)		· · · · · · · · · · · · · · · · · · ·			
NOBLE MANAGEME	NT COMPANY					
	(Pirm/Company)		•	-		
4280 PROFESSIONA	AL CENTER DRIVE, SUI	TE 100				
	(Address)			-		
PALM BEACH GARD				-		
	(City, State and Zip Code)					
For further informa	tion concerning this m	atter, pi	ease call:			
TRACI L. AMBROSIN	0	at (561)_966	-0070	
(Name of Con	tact Person)		(Area Code	and D	aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:				
552,50 Filing Fee	\$61.25 Piling Fee and Certificate of Status		05.00 Filing Certified Cop		S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:			MAIL	ING A	ADDRESS:	
Registration Section		Registration Section				
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Executive Center Circle		•	Tallah	assee,	FL 32314	
Tailahassee, FL 32	301					

H130002046793

CERTIFICATE OF DISSOLUTION FOR

NOBLE AP I. LTD.		
(Name of Florida Limited P	armarship or Limited Liability Limited Partnership)	
partnership or limited liability limit Florida Department of State on AUC	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the GUST 30, 2012, assigned Florida, hereby submits this Certificate of	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	-
WRITTEN CONSENT OF ALL PARTN	ERS OF THE LIMITED PARTNERSHIP	2
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		_ <u>=</u>
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SECOND: A Notice of Disso (Check box if atta	ched.)	7
THIRD: Effective date, if other than the	late of filing:	-'
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Flori	da
Signatures of each general partner of s. 628.1803(3) or (4), F.S.: Tradi Amorosini Vice President purine	2 0,	_
		—
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	