

A12000000514

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

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DIVISION OF CORPORATIONS
13 SEP 13 AM 8:15

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

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

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TALLAHASSEE, FLORIDA

7299

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Corporate Filing Menu

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H13000204684 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Noble AP II, 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

(Name of Contact Person)

at (561) 966-0070

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$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

H13000204684 3

H13000204684 3

**CERTIFICATE OF DISSOLUTION
FOR**

NOBLE AP II, 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 A12000000514, hereby submits this Certificate of Dissolution.

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

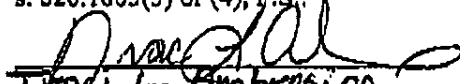
WRITTEN CONSENT OF ALL PARTNERS OF THE LIMITED PARTNERSHIP

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.:



David L. Ambrosino,
Vice-President of

Sole general Partner, NPAP II, Inc

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

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