

**A13000000638**  
Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20160000081  
Phone : (407)839-4277  
Fax Number : (407)839-4264

**DISS/TERM/CANCEL/REV OF LP/LLP  
CAPITAL GROVE LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
OF  
CAPITAL GROVE LIMITED PARTNERSHIP,  
a Florida limited partnership**

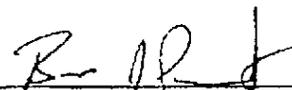
The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

- 1. The name of the limited partnership is Capital Grove Limited Partnership (the "Partnership").
- 2. The Partnership's initial certificate of limited partnership was filed on October 11, 2013, and assigned Florida document number A13000000638.
- 3. The reason the Partnership is filing this certificate of dissolution is that the Partnership is being dissolved pursuant to the consent of all general partners and limited partners.
- 4. The effective date of dissolution is the date hereof.
- 5. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by the sole General Partner of the Partnership, as of this 29<sup>th</sup> day of December, 2020.

**GENERAL PARTNER:**

**CAPITAL GROVE GP, LLC**, a Florida limited liability company

By:   
Brian J. Parent, as Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
OF  
CAPITAL GROVE LIMITED PARTNERSHIP,  
a Florida limited partnership**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807 of the Florida Statutes.

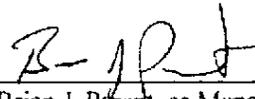
- 1. The name of the limited partnership is Capital Grove Limited Partnership (the "Partnership").
- 2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.
- 3. The mailing address where claims can be sent is 4110 Southpoint Blvd., Suite 206, Jacksonville, Florida 32216.

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by the general partner of Capital Grove Limited Partnership, as of the 29<sup>th</sup> day of December, 2020.

**GENERAL PARTNER:**

**CAPITAL GROVE GP, LLC**, a Florida  
limited liability company

By:   
Brian J. Parent, as Manager