

Division of Corporations

Page 1 of 1

A150000582

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 : TRIAD PROFESSIONAL SERVICES
Account Number : I20160000008
Phone : (850) 777-2091
Fax Number : (770) 220-1943

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP
LF2/MCP HARBOR POINT OUTPARCEL LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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D. BRUCE
NOV 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LF2/MCP HARBOR POINT OUTPARCEL LP
(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:

Sharon K. Gray
(Contact Person)
Triad Professional Services
(Firm/Company)
1720 Windward Concourse, Ste. 390
(Address)
Alpharetta, GA 30005
(City, State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray at (770) 777-2091
(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 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DISSOLUTION FOR

LF2/MCP HARBOR POINT OUTPARCEL LP

(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 09/17/2015, assigned Florida document number A15000000582, hereby submits this Certificate of Dissolution.

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

The limited partnership is no longer transacting business in the State of Florida.

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.:

LF2/MCP Harbor Point Outparcel LP
By its General Partner:

LF2/MCP Outparcel LLC

By:

ROBERT S. GREEN, manager

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

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