Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002903593)))



H160002903593ABC2

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To:

Division of Corporations

Fax Number : (85)

: (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : I20160000008 Phone : (850)777-2091

Fax Number : (770)220-1943

DISS/TERM/CANCEL/REV OF LP/LLP LF2 MCP OUTPARCEL LP

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

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration S Division of C				
	ICP OUTPARCE Florida Limited Partnershi		ilted Partnership)	
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.				
Please return all com	espondence concernin	ig this matter to:		
Sharon K. Gray				
,	(Contact Person)			
Tried Professional Ser	vices	•		
	(Firm/Company)			
1720 Windward Conco	Surea Sta 390			
	(Address)			
4				
Alpharetta, GA 30005	City, State and Zip Code)			
,,	iny, state and zip code)			
For further informati	on concerning this ma	atter, please call:		
Sharon K. Gray		at (770) 77	7-2091	
(Name of Conte	ict Person)	(Area Code and I	Jaytime Telephone Number)	
Enclosed is a check f	for the following amou	unt:		
2 \$32.50 Filing Fee	S61.25 Filling Fee and Certificate of Status	S105,00 Filing Fee and Certified Copy	S113.75 Filling Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS	S:	MAILING	ADDRESS:	
Registration Section		Registration	Section	
Division of Corporat	ions		Corporations	
Clifton Building		P. O. Box 6	327	
2661 Executive Cent		Tallahassee	, FL 32314	
Tallahassee, FL 323	JI			

CERTIFICATE OF DISSOLUTION FOR

LF2 MCP OUTPARCEL LP		1	
(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 09/18/2015, assigned Florida document number A1500000586, 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,			
M			
SECOND: A Notice of Dissolution is attached.	=		
(Check box if attached.)	3, ₹		
SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, If other than the date of filling:	16 NOV 28	بعین جینزر	
(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.: LF Z MCP Outparce LP	8 AH II: 10		
Signatures of each general partner or the person appointed pursuant to	==	C	
LFZ mcP outparce / LP	5		
By its Ferral Farther " 1 = 2 mcParate (a) &P LLC			
CFZ THE TOTAL			
Filing Fee: \$52.50			
Certified Copy (optional): \$52.50			
Certificate of Status (optional): \$8.75			