

A16000000107

GUNSTER YOAKLEY

7/2/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000194660 3)))



H180001946603ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561)650-0728
Fax Number : (561)671-2527

DISS/TERM/CANCEL/REV OF LP/LLP
THE GRANDE RESIDENCES LLLP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$61.25



RECEIVED

2018 JUL -2 PH 5:01

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

18 JUL -2 PM 2:49

Electronic Filing Menu

Corporate Filing Menu

Help

J. JEGGETT
Jul 03 2018

H18000194660 3

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

This Notice of Limited Liability Limited Partnership Dissolution is submitted by the dissolving limited liability limited partnership named below for resolution of payment of unknown claims against this limited liability limited partnership as provided in Section 620.1807, Florida Statutes.

Name of Limited Liability Company: THE GRANDE RESIDENCES LLLP.

Document Number of Limited Liability Company: A16000000107.

Date of Dissolution: The date the Certificate of Dissolution is filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its partners, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party:

c/o The Kolter Group
701 South Olive Avenue, Suite 104
West Palm Beach, Florida 33401
Attn: Kevin Voller

18
JUL - 2 AM 2:45

A claim against The Grande Residences LLLP will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

[SIGNATURE PAGE FOLLOWS]

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

H18000194660 3

IN WITNESS WHEREOF, the undersigned hereby executes this Notice of Dissolution as of the 29th day of June, 2018.

GENERAL PARTNER:

JM GP LLC

By: The Kolter Group LLC, its Manager

/s/ Kevin Voller

By: _____
Kevin Voller, Manager