

A1600000593

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
HEATHBROOK PLACE LIMITED PARTNERSHIP**

Certificate of Status	0
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CLERK OF STATE
CORPORATE DIVISION

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**CERTIFICATE OF DISSOLUTION
OF
HEATHBROOK PLACE LIMITED PARTNERSHIP,
a Florida limited partnership**

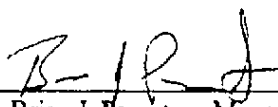
The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

1. The name of the limited partnership is Heathbrook Place Limited Partnership (the "Partnership").
2. The Partnership's initial certificate of limited partnership was filed on October 28, 2016, and assigned Florida document number A16000000593.
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 29th day of December, 2020.

GENERAL PARTNER:

HEATHBROOK PLACE GP, LLC, a Florida
limited liability company

By: 
Brian J. Parent, as Manager

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

**NOTICE OF DISSOLUTION
OF
HEATHBROOK PLACE 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 Heathbrook Place 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.

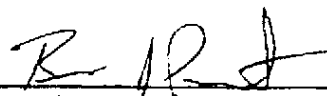
3. The mailing address where claims can be sent is 4110 Southpoint Blvd., Suite 206, Jacksonville, Florida 32216.

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 Heathbrook Place Limited Partnership, as of the 29th day of December, 2020.

GENERAL PARTNER:

**HEATHBROOK PLACE GP, LLC, a Florida
limited liability company**

By: 
Brian J. Parent, as Manager

2020 DEC 30 PM 12:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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