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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FOLEY & LARDNER OF TAMPA  
Account Number : 071344001620  
Phone : (813)229-2300  
Fax Number : (813)221-4210

DISS/TERM/CANCEL/REV OF LP/LLP  
DE QUESADA LIMITED PARTNERSHIP V, L.P.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DE QUESADA LIMITED PARTNERSHIP V. L.P.  
(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:  
Natalie C. Annis

\_\_\_\_\_  
(Contact Person)

Foley & Lardner LLP  
\_\_\_\_\_  
(Firm/Company)

100 N. Tampa Street, Suite 2700  
\_\_\_\_\_  
(Address)

Tampa, Florida 33602  
\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

Natalie C. Annis at (813) 225-4125  
\_\_\_\_\_  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$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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**CERTIFICATE OF DISSOLUTION  
FOR**

DE QUESADA LIMITED PARTNERSHIP V, L.P.

(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 July 31, 2017, assigned Florida document number A1700000344, hereby submits this Certificate of Dissolution.

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


The partnership no longer serves any purpose, and all of the partners (both general and limited) have agreed to proceed with the dissolution.

**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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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