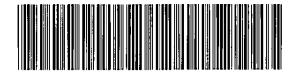


## A1800000545

| (Req                                    | uestor's Name)   |             |  |  |
|---|------------------|-------------|--|--|
| (Address)                               |                  |             |  |  |
| (Address)                               |                  |             |  |  |
| (City                                   | /State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL.       |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |
|   |                  |             |  |  |

Office Use Only



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## **COVER LETTER**

| TO: Reg                                      | istration Section  |   |  |
|--|--|---|--|
| Division of                                  | Corporations   |   |  |
| SUBJECT:                                     | PAC-2160 MAYPORT, LP   |   |  |
|  | (Name of Florida Limited Pa                                    | rtnership or Limited Liability Limited Partnership)           |  |
|  | n all correspondence concerr                                   | and fee(s) are submitted for filing.  sing this matter to:    |  |
|  | (Conta   | ict Person)   |  |
| Laguna Point                                 | Properties   |   |  |
|  | (Pinn  | Company)  |  |
| 12226 S 1000                                 | ) E STE 4  |   |  |
|  | (Ade   | dress   |  |
| Draper, UT 8                                 | 4020   |   |  |
|  | (City, State a   | nd Zip Code)  |  |
| For further                                  | information concerning this i                                  | natter, please call:  |  |
| Josh Montem                                  | ayor   | 385 501-2462<br>at ()   |  |
|  | (Name of Contact Person)                                       | At ( ) (Daytime Telephone Number)                             |  |
| Enclosed is                                  | a check for the following and ing Fee    ☐  \$61.25 Filing Fee | nount:  ☐\$105.00 Filing Fee ☐\$113.75 Filing Fee.            |  |
| <u>=</u> ]392.301 m                          | and Certificate of<br>Status                                   | and Certified Copy  Certified Copy, and Certificate of Status |  |
| STREET A                                     | ADDRESS:   | MAILING ADDRESS:  |  |
| Registration                                 |  | Registration Section  |  |
|  | Corporations   | Division of Corporations                                      |  |
| Clifton Buil                                 | <del>-</del>   | P. O. Box 6327<br>Tallahassee, FL 32314                       |  |
| 2661 Executive Center Circle Tallahassee, Fl |  | Fallana3500, 1 L 22217  |  |

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

| PAC-2160 MAYPORT, LP   |  |  |
|--|--|--|
| (Name of Florida Limited Partnership or  | Limited Liability Limited Part   | nership)                                     |
| Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 10/31 document number A18000000545 Dissolution.   | ed partnership, whose cert   | ificate was filed with the, assigned Florida |
| FIRST: Reason for dissolution: (S  | tate why partnership is su   | bmitting dissolution)                        |
| Property associated with this entity was sol   | ld   |  |
|  |  |  |
|  |  |  |
|  |  | <del></del>                                  |
|  | Males and a second a second and |  |
| SECOND: A Notice of Dissolution (Check box if at   |  |  |
| <b>THRD:</b> Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective da | than 90 days after the date thi, not meet the applicable statute   | ory filing requirements, this date will      |
| Signatures of each general partner or the pe   | erson appointed pursuant to s. 6   | 20.1803(3) or (4). F.S.:                     |
| Danviel Hick   |  | Z0 <u>7</u> 5                                |
| 12/17/2024   |  |  |
|  |  | <u></u>                                      |
| Filing Fee:<br>Certified Copy (optional):  | \$52.50<br>\$52.50   |  |
| Certificate of Status (optional):  | \$8.75   | : <del>**</del>                              |