

A19000000352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

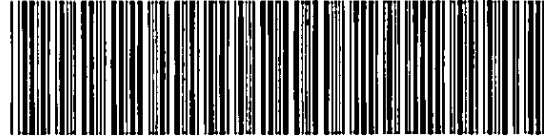
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

Wright  
Tom

6/1/15/21  
Missing Cert. of Diss.  
Clam



800358806678

03/01/21--01010--008 --001.70

FILED  
2021 JUN 11 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

Dissolution

JUN 11 2021

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Liberty WS Nashville Smyrna LLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Adam Mikkelsen  
(Contact Person)

Liberty WS Nashville Smyrna LLP  
(Firm/Company)

824 Highland Ave  
(Address)

Orlando, FL 32803  
(City, State and Zip Code)

For further information concerning this matter, please call:

Adam Mikkelsen at (321) 441-1850  
(Name of Contact Person) (Area Code and 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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2021 JUN 11 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Liberty WS Nashville Smyrna, LLP  
(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:

Melissa Rivard  
(Contact Person)

Liberty WS Nashville Smyrna LLP  
(Firm/Company)

824 Highland Ave  
(Address)

Orlando, FL 32803  
(City, State and Zip Code)

For further information concerning this matter, please call:

Melissa Rivard at ( 321 ) 441-1854  
(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

*already  
sent*

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 APR 15 PM 1:32

SECRETARY OF STATE  
TALLAHASSEE, FL

March 23, 2021

ADAM MIKKELSON  
824 HIGHLAND AVE  
ORLANDO, FL 32803

SUBJECT: LIBERTY WS NASHVILLE SMYRNA, LLLP  
Ref. Number: A19000000352

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 721A00006099



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2021

ADAM MIKKELSON  
824 HIGHLAND AVE  
ORLANDO, FL 32803

SUBJECT: LIBERTY WS NASHVILLE SMYRNA, LLLP  
Ref. Number: A19000000352

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 221A00009296

**CERTIFICATE OF DISSOLUTION  
FOR**

Liberty WS Nashville Smyrna LLP  
(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 08/29/2019, assigned Florida document number A1900000352, hereby submits this Certificate of Dissolution.

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

Sold Property

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: March 13, 2021  
(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.:

Adam M. Kelson

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 JUN 11 PM 4:19

FILED

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

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Liberty WS Nashville Smyrna LLP

Description of information that must be included in a claim:

Contact information and description of  
claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

824 Highland Ave  
Orlando, FL 32803

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Adam Mickelson  
Printed Name

  
Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**