## A230000000605

(Requesto	r's Name)
(Address)	
(Address)	<u> </u>
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only

LP-52.50 Cert, 8.15



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### **COVER LETTER**

10. Registration section	
Division of Corporations	
SUBJECT: Regency Center EP, LP  (Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution a Please return all correspondence concernabley ansara	
(Conta	net Person)
Regency Center EP, LA	Company t
106 Boston Avenye, suite 208	
(Ade	dress)
Altamonte Springs, FL 32701	
(City, State)	and Zip Code)
For further information concerning this	matter, please call:
ashley ansara	321 9474400 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

Tallahassee, FL 32301

# IN SAIN GIUNG MAIG

## CERTIFICATE OF DISSOLUTION FOR

Regency Center EP, LP		=======================================
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)	
•	on 620.1203, Florida Statutes, this Florida line ted partnership, whose certificate was filed work of the following process. Assigned F., hereby submits this Certificate of	vith the lorida
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution	on)
No business reported		
	<del></del>	
SECOND: A Notice of Disso (Check box if a		
THIRD come is a sign of the	06/10/2024	
	e date of filing: e 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	es not meet the applicable statutory filing requirement	s, this date wil
not be listed as the document's effective d	ate on the Department of State's records.	
	(20.1003.2) (4) E4	a
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.5	<b>5.</b> :
		<del></del>
<del></del>	<del></del>	
Filling Fran	\$53.50	
Filing Fce: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	

## 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 entional and is not required when filing a Certificate of

Dissolution.	01
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: Regency Center EP, L.P.	
Description of information that must be included in a claim.	
Description of information that must be included in a claim:  The Limited Partnership did not do business and shareholders decided to dissolve the partnership	
The Difficult and as business and shareholders decided to discover the participant	<del></del>
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	
ashleyansara@aol.com	
A claim against the above named limited partnership or limited liability limited partn will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.	ership
Signature of a general partner or a principal of the successor entity:	<u> </u>
Ashley Ansara	: · · · · · · · · · · · · · · · · · · ·
Printed Name / Signature	r

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