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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Addount Name : MORRIS A. LECOMPTE, P.A.

Account Number : 072100000461 Phone : (727)896-1000

Fax Number

: (727)896-1009



## DISS/TERM/CANCEL/REV OF LP/LLP CASTLENORTH PROPERTIES, L.L.L.P.

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

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## COVER LETTER

| TO: Registration Division of | Section<br>Corporations                          |   |                                     |  |
|------------------------------|--|---|-------------------------------------|--|
| SUBJECT: (Name of            | <u>Castlenort</u><br>F Florida Limited Partnersh | h Properties.<br>ip or Limited Liabilit | L.L.L.P.<br>by Limited Partnership) |  |
| The enclosed Certif          | icate of Dissolution an                          | d fee(s) are subm                       | itted for filing.                   |  |
| Please return all cor        | respondence concernia                            | ng this matter to:                      |                                     |  |
| Morris A                     | . LeCompte                                       |   |                                     |  |
|                              | (Contact Person)                                 | <u> </u>                                | _                                   |  |
| Morris A                     | . LeCompte, P.A.                                 |   |                                     |  |
|                              | (Firm/Company)                                   |   | _                                   |  |
| 800 - 2n                     | id Ave. South, Suite 380                         |   |                                     |  |
| 000 2.11                     | (Address)  |   | -                                   |  |
| <b>0. 5</b> -1-              |  |   |                                     |  |
|                              | rsburg, FL 33701<br>(City, State and Zip Code)   |   | -                                   |  |
|                              | (City, State and Zip Code)                       |   |                                     |  |
| For further informat         | tion concerning this m                           | atter, please call:                     |                                     |  |
| Morris A. LeCo               | mpte   | at ( 727                                | 896-1000                            |  |
| (Name of Con                 | tact Person)                                     | (Area Code                              | and Daytime Telephone Number)       |  |
| Enclosed is a check          | for the following amo                            | unt:                                    |                                     |  |
| \$\$2.50 Filing Fee          | \$61.25 Filing Fee and Certificate of Status     | S105.00 Filing<br>and Certified Cop     |                                     |  |
| STREET ADDRES                | SS:  | MAIL                                    | ING ADDRESS:                        |  |
| Registration Section         |  | Registr                                 | ation Section                       |  |
| Division of Corporations     |  | Division of Corporations                |                                     |  |
| Clifton Building             |  | P. O. Box 6327                          |                                     |  |
| 2661 Executive Cer           |  | Tallaha                                 | assee, FL 32314                     |  |

## CERTIFICATE OF DISSOLUTION FOR

| Castlenorth   | Properties, I                    | <u> </u>                        |                         | <u>.</u>    |
|---|----------------------------------|---------------------------------|-------------------------|-------------|
| (Name of Florida Limited P  | artnership or Limite             | d Liability Limited Partnersh   | ip)                     |             |
| Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number A30429 Dissolution. | ed partnership, v<br>July 27, 19 | vhose certificate was file      | d with the<br>d Florida |             |
| FIRST: Reason for dissolution: (5   | State why partner                | rship is submitting dissol      | ution)                  |             |
| Castlenorth Properties, L.L.L.P. h  | as sold all of its pr            | operties, paid all of its cred  | litors,                 |             |
| distributed its remaining assets to   | its partners and a               | ocordingly is terminating it    | 5                       |             |
| existence. The partnership will no  | ow commence to                   | complete the winding up of      | its affairs.            |             |
|   |                                  |                                 |                         |             |
| SECOND: A Notice of Disso<br>(Check box if atta   | ched.)                           | d.                              |                         |             |
| THIRD: Effective date, if other than the  | date of filing:                  | 44== <del></del>                |                         |             |
| (Effective date cannot be prior to nor more Department of State.)   | than 90 days after               | the date this document is filed | l by the Flortda        |             |
| Signatures of each general partner os. 620.1803(3) or (4), F.S.:  | or the person app                | ointed pursuant to              |                         |             |
| Polish 115  | _                                | DATE: 12/05/2014                |                         |             |
| Robert N. Stern, Gener  | al Partner                       |                                 | IAAL T                  |             |
|   |                                  |                                 | 286<br>286<br>286       | ار<br>ماريخ |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):  | \$52.50<br>\$52.50<br>\$8.75     |                                 | ARY OF STAIL            |             |