From: Janet Terenzi

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

DISS/TERM/CANCEL/REV OF LP/LLP THE ENCLAVE (U.S.) LIMITED PARTNERSHIP

Certificate of Status	ATRICE THAT SHATTONIAN AUTOMOTORY
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CERTIFICATE OF DISSOLUTION FOR THE ENCLAVE (U.S.) LIMITED PARTNERSHIP

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida limited partnership hereby submits this Certificate of Dissolution.

- The name of the limited partnership is THE ENCLAVE (U.S.) LIMITED 1. PARTNERSHIP (the "Partnership").
- The Partnership's Certificate of Limited Partnership was filed on July 20, 1992, and 2. assigned Document Number A33204
- The reason for the dissolution is that all of the partners of the Partnership have decided by 3. unanimous written consent to dissolve the Partnership as permitted by the Partnership's Limited Partnership Agreement.
- This Certificate of Dissolution shall be effective upon the date of filing with the Secretary 4 of State.

5.	A Notice	of Dissolution	is attached.

26 th Date: December _____. 2024.

General Partner:

TAMPA MEDICAL PROPERTIES II, LLC. a Florida limited liability company

- DocuSigned by:	
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11 0000	
6C/EC87344F344C.	
Rodolfo Gari, Jr.	
	R GOV

Title: President

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NOTICE OF DISSOLUTION FOR THE ENCLAVE (U.S.) LIMITED PARTNERSHIP

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

- 1. Name of Limited Partnership: THE ENCLAVE (U.S.) LIMITED PARTNERSHIP
- 2. Document number of the Partnership is: A33204.
- 3. Effective date of dissolution is the date of filing this Certificate of Dissolution with the Florida Department of State.
- 4. Description of information that must be included in a claim: Name and address of claimant and description of the services/product provided, including date and amount of claim.
- 5. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations):

Rodolfo Gari, Jr. 550 North Reo Street, Suite 100 Tampa, FL 33609

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

General Partner:

TAMPA MEDICAL PROPERTIES II, LLC, a Florida limited liability company,

By:

HOTEDRISH4E344

Rodolfo Gari, Jr., President

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