

**A93 0000000924**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 978-5368

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 3/23

DISS/TERM/CANCEL/REV OF LP/LLP  
NORTHGATE SQUARE PARTNERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

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DIVISION OF CORPORATIONS  
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**T. HAMPTON**

MAR 25 2011

**EXAMINER**



March 24, 2011

FLORIDA DEPARTMENT OF STATE

NORTGATE SQUARE PARTNERS, LTD. Division of Corporations  
7500 COLLEGE PKWY  
FT. MYERS, FL 33907

SUBJECT: NORTGATE SQUARE PARTNERS, LTD.  
REF: A93000000924

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H11000077014  
Letter Number: 511A00007135

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTHGATE SQUARE PARTNERS, LTD.  
(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:

Audrey Blevins, Senior Paralegal  
(Contact Person)  
Frost Brown Todd LLC  
(Firm/Company)  
250 West Main Street, Suite 2800  
(Address)  
Lexington, Kentucky 40507  
(City, State and Zip Code)

For further information concerning this matter, please call:

Audrey Blevins at ( 869 ) 244-3210  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
|--|---|--|---|

**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

**CERTIFICATE OF DISSOLUTION  
FOR**

**NORTHGATE SQUARE PARTNERS, LTD.**

(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 09/10/1993, assigned Florida document number A93000000924, hereby submits this Certificate of Dissolution.

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

The reason for filing of the Certificate of Dissolution is the limited partnership has ceased transacting business.

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

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Northgate Square, Inc., General Partner

By: Kevin A. Riley, Treasurer Vice President

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

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DIVISION OF CORPORATIONS  
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**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:

NORTHGATE SQUARE PARTNERS, LTD.

Description of information that must be included in a claim:

1. The name and address of the claimant.  
\_\_\_\_\_
2. A brief description of the nature of the claim.  
\_\_\_\_\_
3. The date the claim was incurred.  
\_\_\_\_\_
4. The amount of the claim, including any payment terms.  
\_\_\_\_\_

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

Mr. Kevin P. Riley, Chief Financial Officer

North American Properties

212 East Third Street, Suite 300

Cincinnati, OH 45202

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:

Northgate Square, Inc., General Partner

By: Kevin P. Riley, Treasurer Vice President

Printed Name

Signature

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

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