

A94000000725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

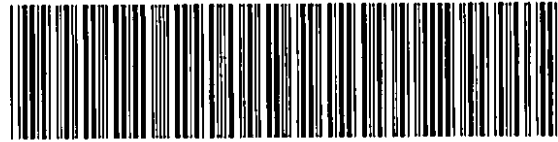
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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McDonald Hopkins

A business advisory and advocacy law firm®

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Chicago, IL 60654

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Sonya Thomas, Senior Paralegal
E-mail: stomas@mcdonaldhopkins.com

October 30, 2017

VIA FIRST-CLASS MAIL

State of Florida
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed for filing are Certificates of Dissolution for four (4) LPs and our check in the amount of \$210.00 to cover the cost of filing of the same.

If you have questions or require additional information, please contact me.

Sincerely,

Sonya Thomas

SONYA THOMAS, Senior Paralegal

ST/
Enclosure

**CERTIFICATE OF DISSOLUTION
FOR**

The 1177 Kane Concourse Partnership, 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 05/26/1994, assigned Florida document number A9400000725, hereby submits this Certificate of Dissolution.

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

The consent of all general partners and of all limited partners.

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.)

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), P.S.:

1177 KANE CONCOURSE INC., AS G.P. _____

By: NEIL SAZANT, PRESIDENT _____

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

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17 JUN - 6 AM 11:00
TAMPA, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

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

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TALLAHASSEE