

**\*A95000000875**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

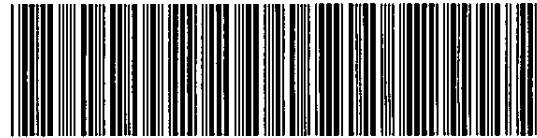
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 APR -9 AM 10:18  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

K. SALLY  
EXAMINER  
APR 10 2015

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 582795 4810936

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : April 9, 2015

ORDER TIME : 11:30 AM

ORDER NO. : 582795-010

CUSTOMER NO: 4810936

DOMESTIC FILINGS

NAME: NORTHPORT PARTNERS LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

CERTIFICATE OF DISSOLUTION  
FOR

NORTHPORT PARTNERS LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED

2015 APR -9 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 June 6, 1995, assigned Florida document number 295000000875, hereby submits this Certificate of Dissolution.

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

The Partnership has ceased to do 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.:

ELTREJVS/TAMPA GP LLC

its General Partner

By: \_\_\_\_\_

Paul J. Kuehner

Authorized Signatory

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