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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

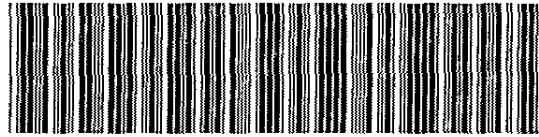
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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DISSOLUTION

OF

C.F.G. II, LTD.

Pursuant to Section 620.1203, Florida Statutes, the undersigned, as general partner of C.F.G. II, Ltd., a Florida limited partnership (the "Partnership"), which filed a Certificate of Limited Partnership with the Secretary of State of the State of Florida on April 2, 1996, submits this Certificate of Dissolution on behalf of the Partnership.

1. The document number of the Partnership is A9600000**640**
2. The effective date of this dissolution shall be the date this Certificate of Dissolution is filed with the Florida Department of State.
3. Pursuant to 5(a) of the Agreement of Limited Partnership, effective as of May 4, 1996, the Partnership shall dissolve upon the sale or other disposition of all the Partnership's assets.
4. The Partnership sold all of its tangible assets on June 5, 2007.
5. There are no suits pending against the Partnership in any court.
6. A Notice of Dissolution is attached as **EXHIBIT A**.


Donald C. Fort, General Partner

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TALLAHASSEE, FLORIDA

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EXHIBIT A
NOTICE OF DISSOLUTION
OF
C.F.G. II, LTD.

This Notice of Dissolution is submitted by C.F.G. II, Ltd., a Florida limited partnership (the "Partnership"), to resolve and pay all unknown claims against the Corporation as provided in Section 620.1807, Florida Statutes.

ARTICLE I

The name of the Partnership is **C.F.G. II, LTD.**

ARTICLE II

The effective date of the dissolution shall be specified in the Partnership's Certificate of Dissolution filed with the Florida Department of State.

ARTICLE III

Claims against the Partnership should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Partnership is liable therefor.
3. The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Partnership at the following address:

C.F.G. II, Ltd.
8711 Perimeter Park Blvd.
Suite 11
Jacksonville, Florida 32216

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ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.



Donald C. Fort, General Partner

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TALLAHASSEE, FLORIDA