

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN, P.A.
 Account Number : 072720000266
 Phone : (941)366-4800
 Fax Number : (941)552-7141

DISS/TERM/CANCEL/REV OF LP/LLP
AMALFI WEST, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
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**CERTIFICATE OF DISSOLUTION
OF
AMALFI WEST, LTD.**

AMALFI WEST, LTD., a limited partnership organized under the laws of the State of Florida (the "Partnership"), and assigned document number A97000002831, pursuant to Section 620.1203, Florida Statutes, hereby submits this Certificate of Dissolution for filing with the Florida Department of State.

1. The name of the Partnership is:

Amalfi West, Ltd.

2. The date of filing of the Partnership's initial certificate of limited partnership is:

December 23, 1997

3. The Partnership is filing this Certificate of Dissolution as a result of the Partnership's General Partner's decision to dissolve and wind up the Partnership in accordance with Article 11 of its Limited Partnership Agreement. In addition, all general partners and limited partners have consented to the dissolution of the Partnership, pursuant to Section 620.1801(b), Florida Statutes.

4. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, the General Partner has executed this Certificate of Dissolution this 31 day of December 2016.

GENERAL PARTNER

MDS Holdings, Inc.,
a Florida corporation

By: Maria DeSanto
Maria DeSanto
As its President

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TALLAHASSEE, FLORIDA

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NOTICE OF LIMITED PARTNERSHIP DISSOLUTION

This notice is being submitted by AMALFI WEST, LTD., a Florida limited partnership (the "Partnership"), for resolution of payment of unknown claims against the Partnership as provided in Section 620.1807, Florida Statutes.

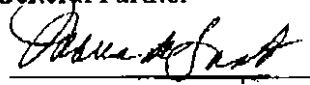
1. The name of the Partnership is Amalfi West, Ltd.
2. The effective date of the dissolution of the Partnership is the date the dissolution is filed with the Florida Department of State.
3. The description of information that must be included in a claim against the Partnership is: (i) name and address of claimant; (ii) detailed description of the nature of the claim; and (iii) the alleged facts giving rise to the claim.
4. The mailing address where claims can be sent is 3621 Bayou Circle, Longboat Key, Florida 34228.

The claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

Dated this 31 day of December 2016.

Amalfi West, Ltd.,
a Florida limited partnership

By: MDS Holdings, Inc.,
a Florida corporation
Its General Partner

By: 
Maria DeSanto,
As its President

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