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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

DISS/TERM/CANCEL/REV OF LP/LLP
BLANDING BLVD. (JACKSONVILLE) PIP, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

16 DEC 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLANDING BLVD. (JACKSONVILLE) PIP, 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:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| ☒ \$52.50 Filing Fee | ☐ \$61.25 Filing Fee
and Certificate of
Status | ☐ \$105.00 Filing Fee
and Certified Copy | ☐ \$113.75 Filing Fee,
Certified Copy, and
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

16 DEC 16 AM 10:02
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**CERTIFICATE OF DISSOLUTION
FOR**BLANDING BLVD. (JACKSONVILLE) PIP, 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 1/26/1998, assigned Florida document number A9800000247, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)Winding up of 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.:

SEE ATTACHED SIGNATURE PAGE

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

16 DEC 16 AM 10:02

SECRETARIAT OF
FLORIDA
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/26/2016 BY 60322

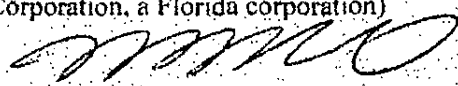
SIGNATURE PAGE TO CERTIFICATE OF DISSOLUTION

GENERAL PARTNER:

AVANTI CAPITAL ASSOCIATES, a Florida joint venture (successor by name change to Avanti Properties Group, J.V., a Florida joint venture)

By: Avanti Management Partners, J.V., a Florida joint venture, as sole managing venturer

By: Avanti Management Corporation, a Florida corporation, as sole managing venturer (successor to Avanti Development Corporation, a Florida corporation)

By: 
Marvin M. Shapiro, President

16 DEC 16 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA