

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**A99000001997**

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To:

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

From:

Account Name : MORRIS A. LECOMPTE, P.A.  
Account Number : 072100000461  
Phone : (727)896-1000  
Fax Number : (727)896-1009

**DISS/TERM/CANCEL/REV OF LP/LLP  
CNLP2 PARTNERS, LTD., LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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Corporate Filing Menu

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# **CERTIFICATE OF DISSOLUTION FOR**

CNLP2 Partners, LTD., LLLP

(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 12/02/1999, assigned Florida document number A99000001997, hereby submits this Certificate of Dissolution.

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

Consent of all 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), F.S.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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APPROVED  
AND  
FILED

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  
CNLP2 Partners, LTD., LLLP

Description of information that must be included in a claim:

See notice requirements attached hereto and incorporated herein by this reference.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

CNLP2 Partners, LTD., LLLP

Attn: Robert N. Stern, General Partner, 931 Norsota Way

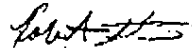
Sarasota, FL 34242

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Robert N. Stern, General Partner

Printed Name



Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

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**CNLP2 PARTNERS, LTD., LLLP**  
**NOTICE REQUIREMENTS**

**(Attachment to Notice of Limited Liability Limited Partnership Dissolution)**

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
  - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
  - (b) Describe the specific damage or injury that you believe resulted from the incident.
  - (c) Explain the circumstances that led to the damage or injury.
  - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
  - (e) Explain why the claimant believes the company is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claimed are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.

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