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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**DISS/TERM/CANCEL/REV OF LP/LLP
NADG NNN HLD (STC-FL) LP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

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Corporate Filing Menu

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K. SALY

MAY - 2 2025

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DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:**

NADG NNN HLD (STC-FL) LP

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

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

(Contact Person)

Capitol Services - Corporate Filings Team

(Firm/Company)

515 East Park Avenue 2nd Fl

(Address)

Tallahassee, FL 32301

(City, State and Zip Code)

For further information concerning this matter, please call:

____ at (855) 498 - 5500
(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
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STREET ADDRESS:Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**MAILING ADDRESS:**Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

NADG NNN HLD (STC-FL) LP

(Name of foreign limited partnership or limited liability limited partnership)

B20000000178

(Florida Document Number of the Foreign LP or LLLP)

Delaware

(Jurisdiction of formation)

September 23, 2020

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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.

Signature of a general partner:

Typed or printed name:

Stephen Preston

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

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