A00000001910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 FEB 20 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. [illegible] FEB 23 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 509827 5022062

AUTHORIZATION :

COST LIMIT : $ 52.50

ORDER DATE : February 20, 2015

ORDER TIME : 2:26 PM

ORDER NO. : 509827-125

CUSTOMER NO: 5022062

DOMESTIC FILINGS

NAME: SHLP VILLAGE AT LAKE HIGHLAND, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DISSOLUTION
FOR

SHLP Village at Lake Highland, 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 12/13/2000, assigned Florida document number A00000001910, hereby submits this Certificate of Dissolution.

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

Entity is no longer engaged in the business for which it was formed.

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

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

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TALLAHASSEE, FLORIDA

Signature page to Certificate of Dissolution

SHLP Village at Lake Highland, Ltd.

By: SHLP Lake Highland, LLC, its general partner

By: Simpson Housing LLLP, Sole Manager

By: Colomba LLC, its general partner

By: _____
Angela A. Martinez, Assistant Secretary

FILED

2015 FEB 20 AM 10: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SHLP Village at Lake Highland, Ltd.

Description of information that must be included in a claim:

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

c/o Legal Department, 8110 East Union Ave., Suite 200, Denver, CO 80237

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:

Angela Martinez, Asst. Sec.
Printed Name

Angela Martinez
Signature

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