

A05 000001597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

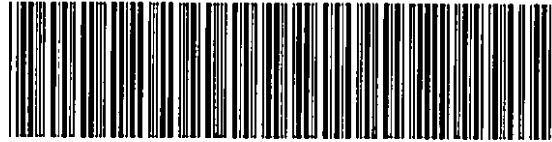
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400335477424

10/18/19--01012--029 **52.50

19
OCT 20 10 PM 2:45
STATE
CAPITOL

Dissolution

10/18/19
D. CUSHING

EPOCH RESIDENTIAL

October 14, 2019

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Entity Dissolution

Dear Madam or Sir:

Please find the enclosed documents to dissolve Las Ventanas at Boynton Beach, Ltd. And EPI – Southpoint, LLC. The original payments were lost in the mail, therefore, I am sending copies of those documents, as well as reissued checks. Please let me know if you have any questions.

Sincerely,



Katrina Hull
Accounting Manager

Enclosure

10/14/19 PM 2:55

10/14/19

Katrina Hull

From: corphelp <corphelp@DOS.MyFlorida.com>
Sent: Tuesday, October 08, 2019 2:01 PM
To: Katrina Hull
Subject: RE: Annual Report

Good Afternoon,

You would resubmit the articles of dissolution along with the fee.

[Notice of Dissolution \(PDF\)](#)

Valerie Herring
Internet Access
Division of Corporations

From: Katrina Hull <katrina@epochresidential.com>
Sent: Monday, October 7, 2019 2:48 PM
To: corphelp <corphelp@DOS.MyFlorida.com>
Subject: Annual Report

EMAIL RECEIVED FROM EXTERNAL SOURCE

We filed dissolution papers for this entity on 8/13, however, it must have gotten lost in the mail. I see that the status indicates "admin dissolution." How do I rectify this so that it's a voluntary dissolution?

Detail by Document Number

Florida Limited Partnership
LAS VENTANAS AT BOYNTON BEACH, LTD.

Filing Information

Document Number	A05000001597
FEVEIN Number	20-3320420
Date Filed	08/12/2005
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/27/2019
Event Effective Date	NONE

KATRINA HULL
Accounting Manager
321.316.6017 office

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Ventanas at Boynton Beach, 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:
Katrina Hull

(Contact Person)

Epoch Residential

(Firm/Company)

359 Carolina Ave

(Address)

Winter Park, FL 32789

(City, State and Zip Code)

For further information concerning this matter, please call:

Katrina Hull at (407) 629-5004
(Name of Contact Person) (Area Code) (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

19 OCT 18 PM 2:45
STATE
CORPORATION

**CERTIFICATE OF DISSOLUTION
FOR**

Las Ventanas at Boynton Beach, 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 08/12/2005, assigned Florida document number A05000001597, hereby submits this Certificate of Dissolution.

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

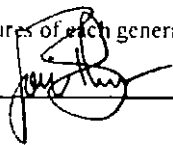
Sale of Assets

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

19 OCT 19 PM 2:45

OFFICE OF THE CLERK OF THE SUPREME COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA