## A14312

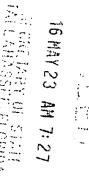
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



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## **COVER LETTER**

| TO: Registration                              | Section   |              |   |  |                          |  |
|---|---|--------------|---|--|--------------------------|--|
| Division of                                   | Corporations  |              |   |  |                          |  |
|   | rlace Apartments, Ltd.<br>f Florida Limited Partnersh | nip or Lim   | ited Liabil                             | lity Lim   | ited Partnership)        |  |
| The enclosed Certif                           | icate of Dissolution ar                               | nd fee(s)    | are subr                                | nitted :   | for filing.              |  |
| Please return all cor                         | rrespondence concerni                                 | ng this r    | natter to:                              | :  |                          |  |
| Tzippy Rothenberg                             |   |              |   |  |                          |  |
|   | (Contact Person)                                      |              |   |  |                          |  |
| Palm Place Apartmer                           | its, Ltd.   |              |   | _  |                          |  |
|   | (Firm/Company)  |              |   |  |                          |  |
| 590 W. Kennedy Blve                           | d, 2nd Fl   |              |   |  |                          |  |
|   | (Address)   |              |   |  |                          |  |
| Lakewood, NJ 08701                            |   |              |   |  |                          |  |
| ·   | (City, State and Zip Code)                            | <del>.</del> |   | _  |                          |  |
|   |   |              |   |  |                          |  |
| For further informa                           | tion concerning this m                                | atter, pl    | ase call:                               | :  |                          |  |
| Tzippy Rothenberg                             |   | at (         | 732                                     | ) 200  | 0-1209                   |  |
| (Name of Con                                  | tact Person)  | `_           | (Area Cod                               | le and D   | aytime Telephone Number) |  |
| Enclosed is a check                           | for the following amo                                 | ount:        |   |  |                          |  |
| <b>∑</b> \$52.50 Filing Fee                   | S61.25 Filing Fee and Certificate of Status           |              | 05.00 Filin<br>ertified Co              | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |                          |  |
| STREET ADDRESS:                               |   |              | MAILING ADDRESS:                        |  |                          |  |
| Registration Section                          |   |              | Registration Section                    |  |                          |  |
| Division of Corporations                      |   |              | Division of Corporations                |  |                          |  |
| Clifton Building 2661 Executive Center Circle |   |              | P. O. Box 6327<br>Tallahassee, FL 32314 |  |                          |  |
| Tallahassee, FL 32                            |   |              | i aiiar                                 | iassee,  | FL 32314                 |  |
|   |   |              |   |  |                          |  |

## CERTIFICATE OF DISSOLUTION **FOR**

| Palm Place Apartments, 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 04/08/1983, assigned Florida document number A14312, hereby submits this Certificate of Dissolution. |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution)  |
| No longer doing business as of 12/31/2013   |
|   |
|   |
|   |
|   |
| SECOND: A Notice of Dissolution is attached. (Check box if attached.)   |
| THIRD: Effective date, if other than the date of filing: 12/31/2015   |
| (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.:   |
| Hax Profesorelee  |
|   |
| Filing Fee: \$52.50   |
| Certified Copy (optional): \$52.50  |
| Certificate of Status (optional): \$8.75  |