## A18000000417

| (F                                      | Requestor's Name)       |        |  |
|-----------------------------------------|-------------------------|--------|--|
| (/                                      | Address)                |        |  |
|                                         | Address)                |        |  |
| (5                                      | City/State/Zip/Phone #) |        |  |
| PICK-UP                                 | MAIT                    | MAIL   |  |
| (Business Entity Name)                  |                         |        |  |
| (Document Number)                       |                         |        |  |
| Certified Copies                        | Centificates of         | Status |  |
| Special Instructions to Filing Officer. |                         |        |  |
|                                         |                         |        |  |
|                                         |                         |        |  |
|                                         |                         |        |  |
|                                         |                         |        |  |

Office Use Only



100364268891

2821 APR 20 API II: 04

APR 21 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:        | 04/20/2021                        |                         |
|--------------|-----------------------------------|-------------------------|
| Name:        | 01 : 10 1                         |                         |
| Reference #  |                                   | <del></del>             |
| Entity Name  | ECCAMDIA MAI                      | NOR APARTMENTS, LTD.    |
| Article      | es of Incorporation/Authorization | on to Transact Business |
| Amer         | ndment                            |                         |
| Chan         | ge of Agent                       |                         |
| Reins        | statement                         |                         |
| Conv         | ersion                            |                         |
| Merg         | er                                |                         |
| ☑ Disso      | olution/Withdrawal                |                         |
| ☐ Fictiti    | ous Name                          |                         |
| Other        | <u> </u>                          |                         |
| Authorized A | Amount: \$52.50                   |                         |

## CERTIFICATE OF DISSOLUTION FOR

Escambia Manor Apartments, Ltd. APR 20 AHII: NL (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 9/26/18 assigned Florida Florida Department of State on . assigned Florida A18000000417 hereby submits this Certificate of document number Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) The entity is no longer needed. A Notice of Dissolution is attached. SECOND: (Check box if attached.) 4/13/21 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.: Escambia Manor GP, LLC By: TRG Member of FL V, LLC Samantha Anderes Treasurer \$52,50 Filing Fee: Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):