A32474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

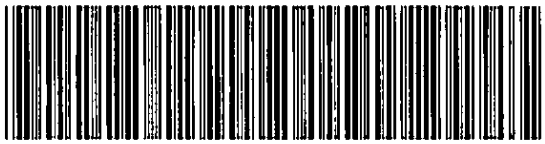
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1092-



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03/02/20--01029--011 **61.25

2020 APR -6 PM 12:49

C. GOLDEN

APR 14 2020

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Senior Citizens Village Associates, 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:

Cheryl Hernandez
(Contact Person)

The Michaels Organization
(Firm/Company)

PO Box 90708
(Address)

Camden, NJ 08101
(City, State and Zip Code)

For further information concerning this matter, please call:

Philip Burton (Name of Contact Person) at (856) (Area Code) 355-4658 (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

2020 APR -6 PM 12:39

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2020

THE MICHAELS ORGANIZATION
POST OFFICE BOX 90708
CAMDEN, NJ 08101

SUBJECT: SENIOR CITIZEN VILLAGE ASSOCIATES, LTD.
Ref. Number: A32474

We have received your document and check(s) totaling $61.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00006286

CERTIFICATE OF DISSOLUTION
FOR

2020 FEB -6 PM 12:49

Senior Citizen Village Associates, 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 January 16, 1992, assigned Florida document number A32474, hereby submits this Certificate of Dissolution.

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

The partnership assets were sold and the partnership has been dissolved

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.:

Sole member of Senior Citizen Michaels Corp. (General Partner)

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