A98000001072

(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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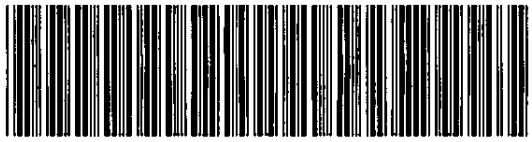

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12-31-13

DEC 17 2013
T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Health Associates II, 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:

Tranum Fitzpatrick
(Contact Person)

Seagrove Tallahassee, Inc.
(Firm/Company)

2600 East South Blvd., Suite 350
(Address)

Montgomery, AL 36116
(City, State and Zip Code)

For further information concerning this matter, please call:

Tranum Fitzpatrick at (334) 281-6820 (ext.301)
(Name of Contact Person) (Area Code and 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DISSOLUTION FOR

Tallahassee Health Associates II, 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 April 29, 1998, assigned Florida document number A98000001072, hereby submits this Certificate of Dissolution.

EFFECTIVE DATE
12-31-13

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

Entity has ceased all business activities and assets have been sold and distributed.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2013.

(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.:

Seagrove Tallahassee, Inc.
By: Tranum Fitzpatrick, President

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

ACTION BY WRITTEN CONSENT OF THE SOLE GENERAL PARTNER OF TALLAHASSEE HEALTH ASSOCIATES II, LTD.

The undersigned, being the sole general partner of Tallahassee Health Associates II, Ltd., a Florida limited partnership ("Partnership"), acting by written consent in lieu of holding a special meeting, hereby makes the following recitals and adopts the following resolutions:

WHEREAS, the Partnership has ceased all business activities; and

WHEREAS, the Partnership's assets have been sold and distributed according to the Agreement of Limited Partnership and applicable provisions of Florida Statutes §620.1203.

RESOLVED, that the Partnership be dissolved and its business and affairs wound up, in accordance with the terms of the Partnership's Certificate Limited Partnership and Agreement of Limited Partnership, and the applicable provisions of the Florida Statutes §620.1203;

RESOLVED FURTHER, that Tranum Fitzpatrick, as the President of the Partnership's sole general partner ("General Partner"), is hereby authorized and directed to do all things necessary or appropriate to dissolve and wind up the business and affairs of the Partnership in accordance with the terms of the Partnership's Certificate Limited Partnership and Agreement of Limited Partnership, and the applicable provisions of Florida Statutes §620.1203, including, without limitation, filing a Certificate of Dissolution with the Florida Department of State;

RESOLVED FURTHER, that this Action by Written Consent be filed with the minutes of the proceedings of the limited partnership.

This Written Consent may be executed and delivered by facsimile or other electronic means.

[Counterpart Signature Page Follows]

IN WITNESS WHEREOF, the undersigned sole general partner of Tallahassee Health Associates, Ltd. has executed this Action by Written Consent as of the 1st day of December, 2013.

SOLE GENERAL PARTNER:

SEAGROVE CORPORATION

By: Tranum Fitzpatrick
Its: President