A98000001816

(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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EXAMINER

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07/06/09--01037--018 **61.25

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLENDALE HEALTHCARE INVESTORS LIMITED PARTNERSHIP
(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:

CATHY SCOTT
(Contact Person)

RENDINA COMPANIES
(Firm/Company)

661 UNIVESRSITY BOULEVARD, SUITE 200
(Address)

JUPITER, FL 33458
(City, State and Zip Code)

For further information concerning this matter, please call:

CATHY SCOTT at (561) 630-5055
(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

CERTIFICATE OF DISSOLUTION
FOR

GLENDALE HEALTHCARE INVESTORS LIMITED PARTNERSHIP
(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 JULY 29, 1998, assigned Florida document number A98000001816, hereby submits this Certificate of Dissolution.

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

OCCURRENCE OF AN EVENT SET FORTH IN PARTNERSHIP AGREEMENT

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DIVISION OF CORPORATIONS

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

SEE ATTACHED SIGNTURE PAGE

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

SIGNATURE PAGE TO CERTIFICATE OF CANCELLATION REGARDING GLENDALE HEALTHCARE INVESTORS LIMITED PARTNERSHIP

SOLE GENERAL PARTNER:

GLENDALE HEALTHCARE MEDICAL EQUITY INVESTORS LIMITED PARTNERSHIP, a Florida limited partnership

By: GLENDALE HEALTHCARE MEDICAL EQUITY CORPORATION, a Florida corporation, its General Partner

By: _____
Michael D. Rendina, Vice President