## A20608

(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:					
6025					

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration						
Division of	Corporations					
505551	ake Placid, LT of Florida Limited Partnersh		ty Limited Partnership)			
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.						
Please return all co	rrespondence concerni	ng this matter to:				
Elaine	Hewitt					
(Contact Person)						
Flynn Management Corporation						
(Firm/Company)						
516 La	keview Road Uni	t 8				
	(Address)		- ,			
Clearwa	ater, Florida 3	3756	•			
(City, State and Zip Code)						
For further information concerning this matter, please call:						
Elaine Hewitt		at (727	)449-1182 x 209			
(Name of Cor	ntact 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 and Certified Cop				
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314				
Tallahassee, FL 32		1 4114116	10000, 1 11 J2J1T			

## CERTIFICATE OF DISSOLUTION FOR

Lake Placid, LTD			
(Name of Florida Limited Pa	artnership or Lin	nited Liability Lim	rited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 08 Certificate of Dissolution.	ed partnership	o, whose certific	cate was filed with the
FIRST: Reason for dissolution: (S	State why part	nership is subm	nitting dissolution)
Change In C	Ownership		
			ALL.
			ET ASS
SECOND: A Notice of Dissol (Check box if attac		ned.	OF STATE EE, FLORIDE
THIRD: Effective date, if other than the d	late of filing:		
(Effective date cannot be prior to nor more Department of State.)	than 90 days af	ter the date this do	ocument is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	appointed pursu	ant to •
Kevin T. Flynn  As Vice-President of LLC General Partner	• 		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		