

A03 0000000 860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

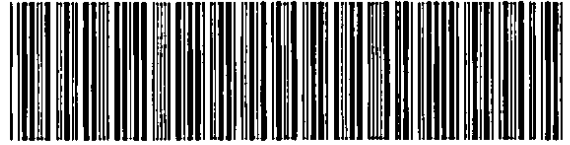
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200341192532

14/04/20--01005--015 ++27.50

03/08/20--01005--014 ++25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATION
SALE AGREEMENTS

2020 APR 10 AM 8:42

FILED

APR 14 2020
S. YOUNG



2020 APR 10 AM 7:42

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2020

ALAN COGEN
THE PLAZA AT WELLINGTON GREEN, LLLP
6658 GUNPARK DRIVE STE 202A
BOULDER, CO 80301

SUBJECT: THE PLAZA AT WELLINGTON GREEN, LLLP
Ref. Number: A03000000860

We have received your document for THE PLAZA AT WELLINGTON GREEN, LLLP and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 420A00006462

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: THE PLAZA AT WELLINGTON GREEN, LLLP

(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:

ALAN COGEN

(Contact Person)

THE PLAZA AT WELLINGTON GREEN, LLLP

(Firm Company)

6658 GUNPARK DR SUITE 202A

(Address)

BOULDER, CO 80301

(City, State and Zip Code)

For further information concerning this matter, please call:

ALAN COGEN

at (303)

449-4707

(Name of Contact Person)

(Area Code)

(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**

THE PLAZA AT WELLINGTON GREEN, LLLP

(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 JUNE 10, 2003, assigned Florida document number _____, hereby submits this Certificate of Dissolution.

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

CONSENT OF ALL GENERAL PARTNERS AND LIMITED PARTNERS

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.:

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 APR 10 AM 8:43

FILED

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Description of information that must be included in a claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Alan Cogen

Printed Name

Alan Cogen

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.