

A 600 000 0 100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

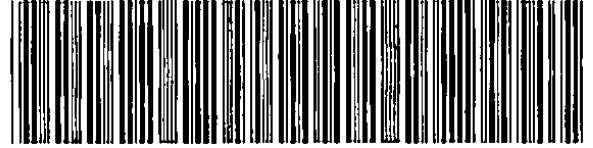
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000343842630

04/27/20--01033--012 **\$2.50

FILED
2020 APR 27 PM 5:04
MAY 1 2020

Art
DISC

MAY 11 2020
ALBRITTON

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Aravilla Groves, 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:

Parker Lawrence, Esq.

(Contact Person)

F. Parker Lawrence, P.A.

(Firm/Company)

3700 NW 91st Street, Ste D200

(Address)

Gainesville, FL 32606

(City, State and Zip Code)

For further information concerning this matter, please call:

Parker Lawrence

at (352)

373-4160

(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**

FILED
2020 FEB 27 PM 5:04
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
JAN 27 2020

ARAVILLA GROVES, 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 3, 2000, assigned Florida document number A0000000100, hereby submits this Certificate of Dissolution.

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

Unanimous vote of partners, no assets remaining, business activity ceased.

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.:

Hinton Business Enterprises, Inc., General Partner, Aravilla Groves, LTD

By: Steven W. Hinton
Steven W. Hinton, Its President

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