

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Prom:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LEP

Account Number : 120160000081

Fax Number

: (407)839-4277 : (407)839-4264

### DISS/TERM/CANCEL/REV OF LP/LLP HOLLY RIDGE LIMITED PARTNERSHIP

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$105.00 |

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**EXAMINER** 

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## CERTIFICATE OF DISSOLUTION HOLLY RIDGE LIMITED PARTNERSHIP, a Florida limited partnership

The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

- The name of the limited partnership is Holly Ridge Limited Partnership (the 1. "Partnership").
- The Partnership's initial certificate of limited partnership was filed on January 2. 19, 2000.
- The reason the Partnership is filing this certificate of dissolution is that the 3. Partnership is being dissolved pursuant to the consent of all general partners and limited partners.
  - The effective date of dissolution is the date hereof. 4.
  - A Notice of Dissolution is attached. 5.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by Holly Ridge GP, LLC, a Florida limited liability company, as the general partner of the Partnership. as of this 16th day of August, 2018.

#### GENERAL PARTNER:

HOLLY RIDGE GP, LLC, a Florida limited liability company

> By: Walking in Love, Inc., a Florida nonprofit corporation

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# NOTICE OF DISSOLUTION OF HOLLY RIDGE LIMITED PARTNERSHIP.

a Florida limited partnership

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807 of the Florida Statutes.

- 1. The name of the limited partnership is Holly Ridge Limited Partnership (the "Partnership").
- 2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.
- 3. The mailing address where claims can be sent is 247 N. Westmonte Drive, Altamonte Springs, Florida 32714.

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by the general partner of Holly Ridge Limited Partnership, as of the day of August, 2018.

#### GENERAL PARTNER:

HOLLY RIDGE GP, LLC, a Florida limited liability company

By: Walking in Love, Inc., a Florida nonprofit corporation

Donald Pendry, President

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