

Florida Department of State
 Division of Corporations
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A000000001736

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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : SHUTTS & BOWEN, LLP
 Account Number : 076447000313
 Phone : (305) 358-9166
 Fax Number : (305) 347-7748

**DISS/TERM/CANCEL/REV OF LP/LLP
 LIVE OAK VILLAS, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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 DIVISION OF STATE
 CORPORATIONS
 2022 OCT 26 AM 8:10

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 AND
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2022 OCT 26 PM 2:25

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OCT 26 2022
 K. Brumley

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**CERTIFICATE OF DISSOLUTION
FOR**

LIVE OAK VILLAS, 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 November 14, 2000, assigned Florida document number A00000001736, hereby submits this Certificate of Dissolution.

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

CEASING BUSINESS OPERATIONS

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.:

Steven C. Kirk, President of Live Oak Villas,
LLC, General Partner

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

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**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:
LIVE OAK VILLAS, LTD.

Description of information that must be included in a claim:

NAME OF CLAIMANT, CONTACT INFORMATION OF CLAIMANT, BASIS FOR CLAIM, SOCIAL
SECURITY NUMBER, TIN OR EIN OF CLAIMANT, AMOUNT OF CLAIM, WHETHER CLAIM IS
CONTINGENT OR UNLIQUIDATED, AND WHETHER CLAIM IS SECURED

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

LIVE OAK VILLAS, LLC

1930S SW 380TH STREET

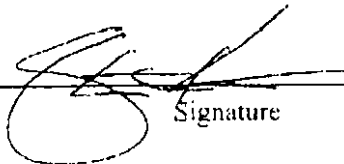
FLORIDA CITY, FL 33034

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:

Steven C. Kirk, President of
Live Oak Villas, LLC, General Partner

Printed Name


Signature

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

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