## A0100000358

| (Re                                     | equestor's Name)   |             |
|---|--------------------|-------------|
| (Address)                               |                    |             |
| (Address)                               |                    |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Business Entity Name)                  |                    |             |
| (Document Number)                       |                    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|   |                    | ;           |
|   |                    |             |
| Date                                    |                    |             |

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K. SALY OCT 14 2016



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2016

KAROL HORNE MAGNOLIA PARK PARTNERS, LTD 818 A1A NORTH, STE. 300 PONTE VEDRA BEACH, FL 32082

SUBJECT: MAGNOLIA PARK PARTNERS, LTD.

Ref. Number: A01000000358

We have received your document for MAGNOLIA PARK PARTNERS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00020914

## **COVER LETTER**

| TO: Registration Section Division of Corporations                            | , ·   |  |
|--|---|--|
| SUBJECT: MAGNOLIA PARK   |   |  |
| (Name of Florida Limited Partnershi  | p or Limited Liability Limited Partnership)                         |  |
| The enclosed Certificate of Dissolution and fee(s) are submitted for filing. |   |  |
| Please return all correspondence concerning                                  | g this matter to:   |  |
|  |   |  |
| KARUI HORNE  |   |  |
| (Contact Person)   |   |  |
| MAGNOLIA PARK PARK (Firm/Company)  | theas, LTD  |  |
| (Firm/Company)   | <del></del>   |  |
|  |   |  |
| 818 MA NORTH, Suite (Address)  |   |  |
| Ponte Vesan Beach,   | F1 37082  |  |
| (City, State and Zip Code)   |   |  |
|  |   |  |
| For further information concerning this ma                                   | atter, please call:   |  |
| (Name of Contact Person)   | at ( 904 ) 285-3400 x3323  (Area Code and Daytime Telephone Number) |  |
| (Name of Contact Person)   | (Area Code and Daytime Telephone Number)                            |  |
| Enclosed is a check for the following amount:                                |   |  |
| ■ \$52.50 Filing Fee and Certificate of Status                               | \$105.00 Filing Fee and Certified Copy Certificate of Status        |  |
| STREET ADDRESS:  | MAILING ADDRESS:  |  |
| Registration Section   | Registration Section  |  |
| Division of Corporations   | Division of Corporations  |  |
| Clifton Building   | P. O. Box 6327  |  |
| 2661 Executive Center Circle   | Tallahassee, FL 32314   |  |
| Tallahassee, FL 32301  |   |  |

## CERTIFICATE OF DISSOLUTION FOR

| FILED               |   |
|---------------------|---|
| 2016 OCT 14 AM      | , |
| ALLAHASSEF, FLORIO. |   |

| Magnolla  | PARK PARTNERS, LTD. MILLAHAS                                      |  |  |
|---|---|--|--|
| (Name of Florida Limited Pa   | artnership 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 03/12/201, assigned Florida document number A0100000358, hereby submits this Certificate of Dissolution. |   |  |  |
| FIRST: Reason for dissolution: (S   | State why partnership is submitting dissolution)                  |  |  |
| - Pauparty for which  | h the company was formed  |  |  |
| was sold.   |   |  |  |
|   |   |  |  |
| SECOND: A Notice of Disso (Check box if attack)   |   |  |  |
| 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 after the date this document is filed by the Florida |  |  |
| Signatures of each general partner of s. 620.1893(3) or (4), F.S.:  | r the person appointed pursuant to                                |  |  |
| Don's P. HOANE  |   |  |  |
|   |   |  |  |
| Filing Fee:<br>Certified Copy (optional):<br>Certificate of Status (optional):  | \$52.50<br>\$52.50<br>\$8.75                                      |  |  |