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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

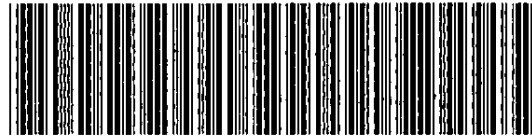
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/26/08--01026--002 **113.75

FILED
2008 JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUN 27 2008

EXAMINER

LAW OFFICES OF
MICHAEL R. STORACE, P.A.

4800 LE JEUNE ROAD
CORAL GABLES, FLORIDA 33146
(305) 662-4800
FAX NO. (305) 667-8015

June 25, 2008

Division of Corporations
Registration Section, Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Federal Express: 8660 2012 5471

RE: Dissolution of Pension 1800 Associates, LLLP O/F#08-32

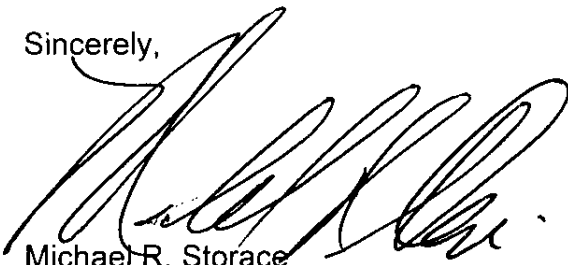
Dear Sir or Madam:

Enclosed please find the following in order to dissolve Pension 1800 Associates, LLLP:

- (1) Division of Corporations Cover Letter fully completed.
- (2) Certificate of Dissolution for Pension 1800 Associates, LLLP fully completed.
- (3) Notice of Dissolution for Pension 1800 Associates, LLLP fully completed.
- (4) Our check #16035 in the sum of \$113.75, which includes the Filing Fee, Certified Copy of Certificate of Status for Dissolution and Certified Copy of Certificate of Status for Notice of Dissolution.
- (5) A self-addressed stamped envelope in order to have documentation returned to us.

Please file the above documents. If you have any questions please let me know.

Sincerely,



Michael R. Storace
352gbyr08

2008 JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENSION 1800 ASSOCIATES, 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:

MICHAEL R. STORACE, ESQ.

(Contact Person)

LAW OFFICES OF MICHAEL R. STORACE, P. A.

(Firm/Company)

4800 LE JEUNE ROAD

(Address)

CORAL GABLES, FLORIDA 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL R. STORACE at (305) 662-4800
(Name of Contact Person) (Area Code and 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

2000 JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

PENSION 1800 ASSOCIATES, 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 March 24, 2004, assigned Florida document number A02000000149, hereby submits this Certificate of Dissolution.

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

Dissolution is based on consent of all General Partners and
all Limited Partners pursuant to Florida Statutes Section
620.1801(1)(b).

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.)

Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:

PENSION 1800 INVESTORS, L. L. C.,
AS GENERAL PARTNER

BY

Harley McDougal
HARLEY MCDOUGAL, as Manager

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

FILED
JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

PENSION 1800 ASSOCIATES, LLLP

Description of information that must be included in a claim:

(1) Name and address of Claimant; (2) Detailed Statement of nature and basis for claim and copies of all documents, records, instruments, invoices, agreements or other documents on which claim is founded; (3) Full amount of claim; and (4) Name and address of person authorized to negotiate, comprise, and/or settle claim.

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

PENSION 1800 ASSOCIATES, LLLP, a dissolved Florida Limited Liability
Limited Partnership
C/O Law Offices of Michael R. Storace, P. A.
4800 Le Jeune Road
Coral Gables, Florida 33146

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:

PENSION 1800 INVESTORS, L. L. C., as General Partner
BY: HARLEY G Mc DOUGALL
Printed Name, as Manager

Harley G Mc Dougall
Signature

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

2008 JUN 26 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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