

A0200000263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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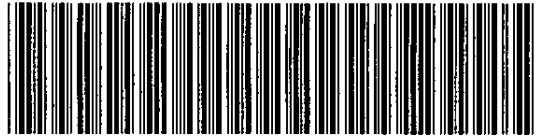
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Diss LP
A02-263

FILED
08 DEC 30 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

DEC 31 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAST LAS OLAS, 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:

NATALIE A. WEBB

(Contact Person)

TARRAGON CORPORATION

(Firm/Company)

3100 MONTICELLO AVE., STE 200

(Address)

DALLAS, TX 75205

(City, State and Zip Code)

For further information concerning this matter, please call:

NATALIE WEBB

(Name of Contact Person)

at (214) 599-2233

(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

**CERTIFICATE OF DISSOLUTION
FOR**

EAST LAS OLAS, 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 2/26/2002, hereby submits this Certificate of Dissolution.

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TALLAHASSEE
SECRETARY OF STATE
FLORIDA

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

NO LONGER CONDUCTING BUSINESS

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.:
Omni Equities North Corporation, a Florida
corporation and its sole member

Kathryn Mansfield
By: Kathryn Mansfield, Secretary

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