

A02000000 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

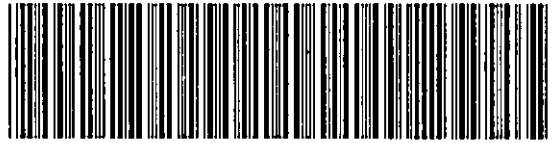
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/25/19--01014---008 \*\*61.25

2019 DEC 26 AM 11:28

R. WHITE  
JAN 08 2020

**Anush Sinanian**

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Please see attached documents to dissolve ALLIANT TAX CREDIT FUND XXII, LTD. In Florida.

Please let me know if any additional information is needed to proceed.

Thank you,



Anush Sinanian | Portfolio Coordinator  
Alliant Asset Management Co., LLC  
21600 Oxnard Street, Ste. 1200 | Woodland Hills, CA 91367  
D (818) 668-2816 | F (818) 668-2828  
[anush.sinanian@alliantcapital.com](mailto:anush.sinanian@alliantcapital.com) | [www.thealliantcompany.com](http://www.thealliantcompany.com)

**CERTIFICATE OF DISSOLUTION  
FOR**

2019 JUL 26 11:28

ALLIANT TAX CREDIT FUND XXII, 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 03/04/2002, assigned Florida document number A02000000284, hereby submits this Certificate of Dissolution.

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

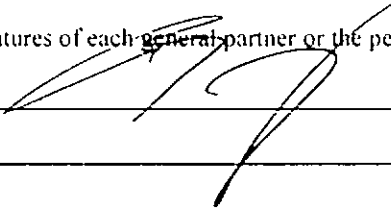
Business has been dissolved

**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.:

  
\_\_\_\_\_  
\_\_\_\_\_

By: Alliant Capital, Ltd.

\_\_\_\_\_  
a Florida limited partnership, its general partner

By: Brian Goldberg, President of the GP  
\_\_\_\_\_

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

**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:  
ALLIANT TAX CREDIT FUND XXII, LTD.

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Description of information that must be included in a claim:

NA

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

ALLIANT TAX CREDIT FUND XXII, LTD. C/O Alliant Asset Management Co LLC

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21600 Oxnard Street Suite 1200

Woodland Hills, CA

91367

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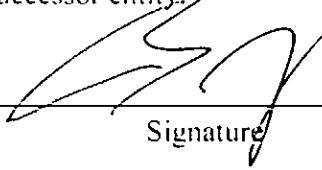
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:-

Brian Goldberg, President of the GP

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Printed Name

  
Signature

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