

A020000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

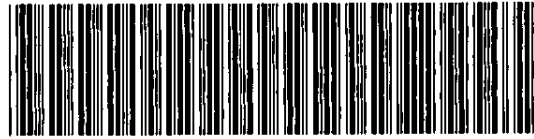
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 470822 7788923

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : December 21, 2012

ORDER TIME : 9:33 AM

ORDER NO. : 470822-295

CUSTOMER NO: 7788923

DOMESTIC FILINGS

NAME: CMS PALMA SOLA ASSOCIATES,
LIMITED PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

CMS PALMA SOLA ASSOCIATES, LIMITED PARTNERSHIP

(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 21, 2002, assigned Florida document number A02000000405, hereby submits this Certificate of Dissolution.

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

The entity is no longer doing business.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/31/2012

(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.:

BY CMS Palma Sola Corp. It's GP

By: Donna M. Rittershausen, VP

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

Donna Rittershausen, Authorized Pers

Printed Name

Signature

Filing Fee: \$54.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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