

A0200000503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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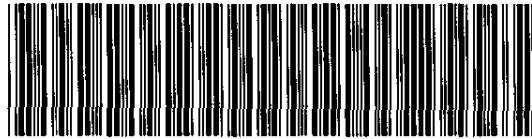
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 470822 7788923

AUTHORIZATION

COST LIMIT \$ 52.50

ORDER DATE : December 21, 2012

ORDER TIME : 9:35 AM

ORDER NO. : 470822-305

CUSTOMER NO: 7788923

DOMESTIC FILINGS

NAME: CMS OAKLEIGH 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 OAKLEIGH 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 April 4, 2002, assigned Florida document number A0200000503, 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 Oakleigh Partners, LP it's GP

By: CMS Oakleigh 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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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