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Florida Department of State  
Division of Corporations  
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DISS/TERM/CANCEL/REV OF LP/LLP

CMS CARROLLWOOD ASSOCIATES, LIMITED PARTNERSHIP

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# **CERTIFICATE OF DISSOLUTION FOR**

CMS Carrollwood 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 4/17/2002, hereby submits this Certificate of Dissolution.

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

The entity has filed its final tax return  
and no longer holds any assets.

**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.:

[Signature]

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