A0200000818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Cisyloddon Liphi None ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,
DB

Office Use Only

EFFECTIVE DATE 5-107



000098467590

05/01/07--01029--011 **52.50

O7 MAY - I PH I: 46
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	ECT. Coun	tryside Manors, LLLI	P					
5039		f Florida Limited Partnersl	nip or Limited Liabil	ity Lim	ited Partnersl	hip)		_
The e	nclosed Certi	ficate of Dissolution ar	nd fee(s) are subn	nitted	for filing.			
Please	e return all co	rrespondence concerni	ing this matter to:					
Julio .	J. Gonzalez							
	·	(Contact Person)						
		(Firm/Company)				SE	07	
7661	SW 146 Stre	eet				CRE	MAY	T
		(Address)	* * * * * * * * * * * * * * * * * * * *			AS:	1	
Palme	etto Bay, Flo	rida 33158				SEE.	PH	i F
		(City, State and Zip Code))			OF ST		Emi
							Ē	A. COME
For fu	rther informa	tion concerning this m	atter, please call:		*	Ď.	٠.	
Julio J	J. Gonzalez		786	367	7-4264			
	(Name of Con	itact Person)		e and D	Daytime Telep	hone Num	ber)	
Enclos	sed is a check	for the following amo	ount:	•				
☑ \$ 52.5	50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co		\$113.75 Certified (Certificate	Copy, and	e,	
STREET ADDRESS:			MAILING ADDRESS:					
Registration Section			Registration Section					
Division of Corporations			Division of Corporations					
Clifton Building			P. O. Box 6327					
2661 Executive Center Circle			Tallahassee, FL 32314					
Tallah	assee, FL 32	301						

CERTIFICATE OF DISSOLUTION **FOR**

Countryside Manors, LLLP			
(Name of Florida Limited F	Partnership or Limited L	iability Limited Partnership)	_
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 06/06/06/06/06/06/06/06/06/06/06/06/06/0	ted nartnershin, who		
FIRST: Reason for dissolution: (State why partnersh	ip is submitting dissolution)	
The consent of all general and li	mited partners.	₹	
		SECR ALLA	
		HASS	
	***************************************		_ ; _
		FEST :	—(-
SECOND: A Notice of Disso. (Check box if attack)		RIDA RIDA	
THIRD: Effective date, if other than the	date of filing: 5^{-1}	-07	
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the	date this document is filed by the Florid	'a
Signatures of each general partner of s. 620,1803(3) or (4), F.S.:	or the person appoin	ted pursuant to	
	_		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		

EFFECTIVE DATE 5-107