

A02818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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J. BRYAN DEC 19 2006

SYLVAN PLAZA, LIMITED
380 S. SR434, Suite 1004-114
Altamonte Springs, FL 32714-3810

407-682-7078

December 13, 2006

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed are the Notice of Dissolution, Certificate of Dissolution, and check for \$52.50
for Sylvan Plaza, Limited, A02818.

Please make this dissolution effective immediately.


T. Michael Drake
General Partner

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYLVAN PLAZA, LIMITED
(Name of Limited Partnership)

DOCUMENT NUMBER: A02818

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

T. MICHAEL DRAKE
(Name of Person)

SYLVAN PLAZA, LIMITED (DISSOLVED)
(Firm/Company)

380 S. SR434, SUITE 1004-114
(Address)

ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

T. MICHAEL DRAKE at (407) 682-7078
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee & Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Sylvan Plaza, Limited

(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 February 8, 1974, hereby submits this Certificate of Dissolution.

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

Partnership is dissolved in accordance with Partnership Agreement
requiring dissolution upon disposition of all real property owned by
the partnership.

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.:

J. Michael Deane
James McManamy Inc., Successor
to Odyssey, Inc.

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

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DIVISION OF CORPORATIONS
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**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:

Sylvan Plaza, Limited

Description of information that must be included in a claim:

Name of claimant and basis for claim.

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

380 S. State Road 434, Suite 1004-#114

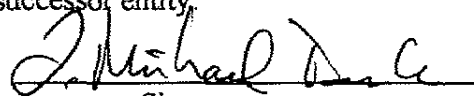
Altamonte Springs, FL 32714

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:

T. Michael Drake

Printed Name


Signature

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

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DIVISION OF CORPORATIONS
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