

A03 000000328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

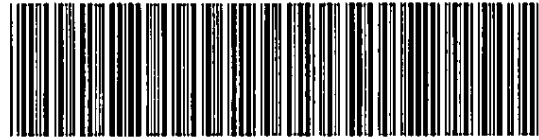
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/05/23-- 01009--015 --\$61.25

FILED  
2023-01-05 PM 12:49  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** LAKE POINT SENIOR APARTMENTS LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:  
Courtney Fonovic

(Contact Person)

Piceme Real Estate

(Firm/Company)

75 Lambert Lind Highway

(Address)

Warwick, RI 02886

(City, State and Zip Code)

For further information concerning this matter, please call:

Courtney Fonovic

at ( 401 ) 732-3700

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

2023 JUN -5 PM 12:49

**LAKE POINT SENIOR APARTMENTS LIMITED PARTNERSHIP**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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 4, 2003, assigned Florida document number A03000000328, hereby submits this Certificate of Dissolution.

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

The reason the Partnership is filing this certificate of dissolution is that the Partnership is being dissolved

pursuant to the consent of all general partners and limited partners.

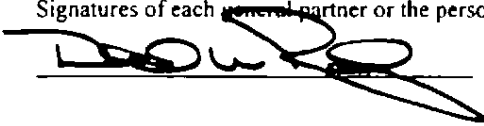
**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 12/31/2022

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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:  
LAKE POINT SENIOR APARTMENTS LIMITED PARTNERSHIP

Description of information that must be included in a claim:

The following information must be included in a claim: name, address and telephone number of the person  
or entity making the claim; amount of the claim; date the claim was incurred; and a description of the  
claim.

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

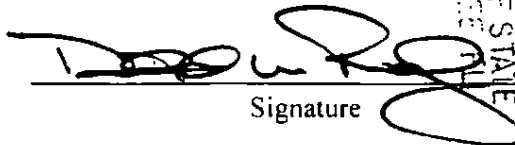
247 N. Westmonte Drive, Altamonte Springs, FL 32714

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:

Donald W Pendry

Printed Name

  
Signature

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

2010-04-05 PM 12:49

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