

A 03000000529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

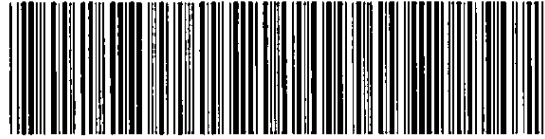
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400384759984

2022 APR -6 AM 8:50
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TALLAHASSEE, FL

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APR 13 2022
ALBRITTON



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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: April 12, 2022

Account#: I20000000088

Name: KEN

Reference #: 1643319

Entity Name: ALLIANT TAX CREDIT FUND XXIV, LTD.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger

**ISSUES? CALL
KEN:
518-213-0738**

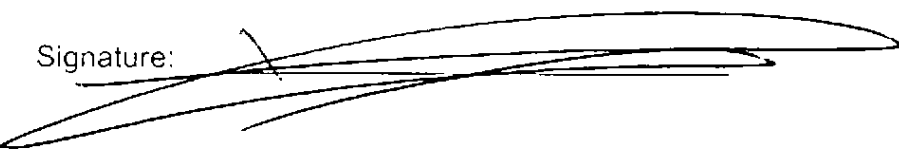
Dissolution/Withdrawal

Fictitious Name

Other

**** PLEASE RETAIN ORIGINAL FILE DATE OF 4/6/2022 ****

Authorized Amount: **\$52.50**

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2022

COGENCYGLOBAL

*Please obtain
original file date*

SUBJECT: ALLIANT TAX CREDIT FUND XXIV, LTD.
Ref. Number: A03000000529

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

YOU FAILED TO LIST THE DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM AND THE ADDRESS AS TO WHERE THE CLAIM CAN BE SENT.

IF YOU WISH TO INCLUDE THE NOTICE THE BOX MUST BE CHECKED IN THE SECOND PART IF THE NOTICE IS ATTACHED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 922A00008071

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TALLAHASSEE, FL

**CERTIFICATE OF DISSOLUTION
FOR**

ALLIANT TAX CREDIT FUND XXIV, LTD.

(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 04-01-2003, assigned Florida document number A03000000529, hereby submits this Certificate of Dissolution.

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

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

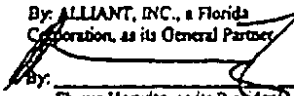
THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.:

ALLIANT CAPITAL LTD., a Florida
limited partnership

By: ALLIANT, INC., a Florida
Corporation, as its General Partner

By: 
Shawn Horwitz, as its President

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