

# A03000001269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

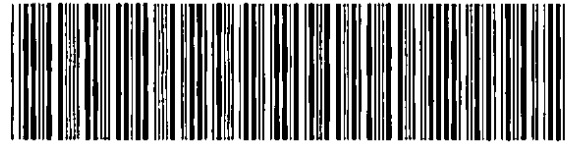
(Business Entity Name)

(Document Number)

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

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19 MAY - 1 PM 9:31  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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19 MAY - 1 AM 10:39  
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TALLAHASSEE, FLORIDA

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**WALK IN**

**PICK UP:** 04/30/2019

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☒ **CUS** \_\_\_\_\_
- ☒ **FILING** CERTIFICATE OF DISSOLUTION

1. CARLTON ARMS OF BRADENTON, LLLP  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

File 1st

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**  
**19 MAY -1 PM 9:31**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Carlton Arms of Bradenton, LLLP

(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 September 2, 2003, assigned Florida document number A03000001269, hereby submits this Certificate of Dissolution.

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

The Agreement Of Limited Partnership provides that the Patnership shall dissolve upon the sale  
of all or substantially all of the Partnership. All of the Partnership Property has been sold.

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

**THIRD:** Effective date, if other than the date of filing: This Dissolution shall be effective upon  
the filing of this Certificate of Dissolution with the Florida Department of State.

*(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.:

Mahaffey Management, LLC,  
a Florida limited liability company,  
the Sole General Partner

By: James W. Mahaffey  
James W. Mahaffey,  
Manager

By: Mark T. Mahaffey  
Mark T. Mahaffey,  
Manager

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