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(((H120000384463)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone : (904)398-3911

Fax Number : (904)396-0663

DISS/TERM/CANCEL/REV OF LP/LLP CEDAR HILLS, LTD.

022:::: ================================		
Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$52.50	

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Help

J. BRYAN

FEB 14 2012

EXAMINER

CERTIFICATE OF DISSOLUTION FOR

Cedar Hills, Ltd. (Name of Florida Limited	Partnership or Limited Liability Limited Partnership)	
. Pursuant to the provisions of secti	on 620.1203, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the	· ·
FIRST: Reason for dissolution:	(State why partnership is submitting dissolution)	
The consent of all general partners at	nd of all limited partners to dissolution.	
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	-co	E
	·	5 T
	iolution is attached.	公司 五
(Check box if att	ached.)	55 55 55 55
THIRD: Effective date, if other than the	date of filing: Effective upon filing	577 5
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document is filed by the Florida	·.
Signatures of each general partner s. 620-1803(3) or (4), F.S.:	or the person appointed pursuant to	
Jowers h	For Florida Title Group, Inc.	
De los resolutions		
Jean B Guarly		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52,50	
Certificate of Status (optional):	\$8.75	•

\$52.50.

H12000038

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
Cedar Hills, Ltd.
Description of information that must be included in a claim:
(i) The name, mailing address and telephone number of the claimant; (ii) a full description of the
claim and when it erose, the basis for the claim and the amount of the claim; and (iii) that the claim
relates to Cedar Hills, Ltd.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
E. Allen Hieb, Jr,
Rogers Towers, P.A.
1301 Riverplace Boulevard, Suite 1500
Jacksonville, Fiorida 32207
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: C.D. Towler's Tv. Printed Name Signature
Fee: No charge if included with Certificate of Dissolution. If filed separately,