

A0400000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

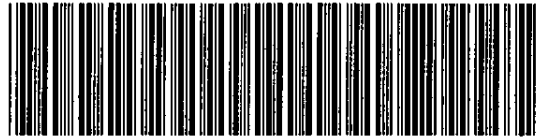
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600112946616

12/10/07--01046--016 **183.75

12/11 AL
FILED
2007 DEC 10 P 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reliance-Andrews Associates, Ltd.

(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:

Diana Bazile

(Contact Person)

Reliance Housing Foundation, Inc.

(Firm/Company)

805 E. Broward Boulevard, Suite 200

(Address)

Fort Lauderdale, Florida 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

Diana Bazile

(Name of Contact Person)

at (954) 927-4545 Ext. 235

(Area Code and 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

FILED
2001 DEC 10 10 34
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION
FOR**

Reliance-Andrews Associates, 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 03/09/2004, hereby submits this Certificate of Dissolution.

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

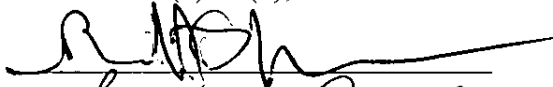


This dissolution is based upon the written consent of the
members of the General Partner and of the members
of the Limited Partner.

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.:

Robert O. Jackson, Member of G. P. and Limited Partner

Stephen R. Janton, Member of G.P. and Limited Partner

Michael R. Capelle, Member of G.P. and Limited Partner

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

FILED
2007 DEC 10 P 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA