

A 04000000829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

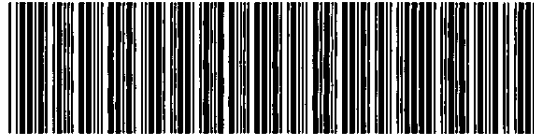
Special Instructions to Filing Officer:

A. LUNT

MAR 31 2008

EXAMINER

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2008 MAR 27 P 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2008

KEVIN COFFEY  
1215 S.E. 2 AVE. - 201  
FT. LAUDERDALE, FL 33316

SUBJECT: CHOWDER BAY APARTMENT ASSOCIATES, LTD.  
Ref. Number: A04000000829

We have received your document for CHOWDER BAY APARTMENT ASSOCIATES, LTD. and your check(s) totaling \$102.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 908A00012166

FILED  
MAR 27 1:33 PM  
TALLAHASSEE, FLORIDA  
CLERK OF THE COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

A04000000829

SUBJECT: CHOWDER BAY APARTMENT ASSOC., LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KEVIN COFFEY

(Contact Person)

MADISON REALTY INVESTORS

(Firm/Company)

1215 S.E. 2 AVE - 201

(Address)

FT. LAUD., FL 33316

(City, State and Zip Code)

For further information concerning this matter, please call:

KEVIN COFFEY

(Name of Contact Person)

at (954) 525-9695

(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  
2008 MAR 27 PM 7  
SECRETARY OF  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

CHANDLER BAY APARTMENT ASSOC., 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 MARCH 10, 2008, hereby submits this Certificate of Dissolution.

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

SOLD COMPANY

**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.:

KEVIN COFFEY

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

**FILED**  
2008 MAR 27 P 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

CHANDLER BAY APARTMENT ASSOC., LTD.

Description of information that must be included in a claim:

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

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

KEVIN COFFEY  
C/O MADISON REALTY INVESTORS  
1215 S.E. 2 AVENUE - STE. 201  
FORT LAUDERDALE, FL 33316

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 notice.

Signature of a general partner or a principal of the successor entity:

KEVIN COFFEY  
Printed Name

[Signature]  
Signature

Filing Fee:

Certified Copy (optional):

\$52.50

\$52.50

2009 MAY 27 P 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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