## ACH 000001142

(R	lequestor's Name)			
(A	ddress)			
(A	.ddress)			
(C	ity/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

G. MCLEOD

DEC 1:1 2009

**EXAMINER** 



300162148083

12/07/09--01062--007 \*\*52.50

09 DEC 10 PH 2: 17

SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration	n Section Corporations		
SUBJECT: LA	KESIDE TOWN SHOPS	, LTD.	
(Name o	f Florida Limited Partnersh	hip or Limited Liability Li	mited Partnership)
The enclosed Certif	ficate of Dissolution as	nd fee(s) are submitted	l for filing.
Please return all co	rrespondence concerni	ing this matter to:	•
•			
Judy Sherm	an		
	(Contact Person)	·	
STILES COR	PORATION		
011111111111111111111111111111111111111	(Firm/Company)		
300 S.E. 2	and Charact	•	
300 S.E. 2	(Address)		
	(11001000)		
	rdale, FL 33301		
	(City, State and Zip Code)		•
For further informa	tion concerning this m	atter, please call:	
Judy Sherma	n	at (954) 6	27-9156
(Name of Con	tact Person)	(Area Code and	Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	•
XX\$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 ADDRES	SS:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cen		Tallahassee	, FL 32314
Tallahassee, FL 323	301		

## CERTIFICATE OF DISSOLUTION SECRETARY OF STATE DIVISION OF CORPORATION FOR 69 DEC 10 PM 2: 17

LAKE	SIDE TOWN S	SHOPS, LTD.
(Name of Florida Limited	Partnership or L	imited Liability Limited Partnership)
partnership or limited liability lim	ited partnersh	Florida Statutes, this Florida limited ip, whose certificate was filed with the hereby submits this
FIRST: Reason for dissolution:	(State why par	rtnership is submitting dissolution)
ALL ASSETS SOLD AND PRO	CEEDS DIST	RIBUTED
	<del></del>	
SECOND: A Notice of Disso	olution is attac	hed.
(Check box if atta	ached.)	
THIRD: Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nor mo Department of State.)	re than 90 days o	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
Lakeside Town Shops, Inc.  Terry W. Stiles, President	<del></del>	
Filing Fee:	\$52.50	
Certified Copy (optional):	<b>\$52.50</b>	

\$8.75

Certificate of Status (optional):