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	(Requestor's Name)
	(Address)
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	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to Filing Officer	

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EFFECTIVE DATE

5/24/21

((1))

MAY 2.1 2021 I ALBRITTON

FILE 1ST

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 822374 5011226

AUTHORIZATION : Signell Region

COST LIMIT : '\$' 52%50

ORDER DATE: May 19, 2021

ORDER TIME : 10:55 AM

ORDER NO. : 822374-005

CUSTOMER NO: 5011226

DOMESTIC FILINGS

NAME: LISENBY, LLLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

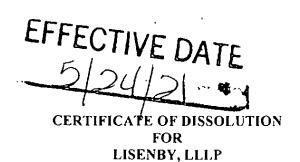
CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS:





Pursuant to the provisions of section 620.1203, *Florida Statutes*, this Florida limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 16, 2004, assigned Florida document number A04000001998, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: The sole general partner and the sole limited partner have approved the dissolution of the Partnership in accordance with the applicable provisions of the Agreement of Limited Partnership of the Partnership.

SECOND: A Notice of Dissolution is attached.

THIRD: The dissolution is effective May 24, 2021.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

SOLE GENERAL PARTNER:

COMMUNITY SUPPORTS, INC., a Florida not for profit corporation, sole General Partner

Ву: 🖁

Kenneth H. Schultz, it President

Filing Fee:

\$52.50

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited liability limited partnership as provided in s. 620.1807, *Florida Statutes*.

NAME OF DISSOLVED LIMITED LIABILITY LIMITED PARTNERSHIP:

Lisenby, LLLP

DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN A CLAIM:

- 1. Name of Claimant
- 2. Address of Claimant
- 3. Amount of Claim(s)
- 4. Description of facts giving rise to Claim
- 5. Claimant contact person and contact information

MAILING ADDRESS WHERE CLAIMS CAN BE SENT:

1890 State Road 436, Suite 300 Winter Park, FL 32792

A claim against the above named 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:

SOLE GENERAL PARTNER:

COMMUNITY SUPPORTS, INC., a Florida not for profit corporation, sole General Partner

Kenneth H. Schultz, its Presiden

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.