A0500000142

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

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Division of Corpo	prations		
SUBJECT:	(Name of Florida Limited Partne	BOONE LIMITED	D PARTNERSHIP Partnership)
	tificate of Dissolution and correspondence concerning	ig this matter to:	or filing.
	(Contact)	Person)	
	(Firm/Co	mpany)	
	206 RUSHIN (Address	5 CREEK DRIVI	<u> </u>
	(City, State and	NORTH CAROLING	
	mation concerning this ma		2022 SEP 19
	me of Contact Person)	at (<u>828</u>) (Area Code) (Days	time Telephone Number)
Enclosed is a che	eck for the following amo	unt:	2: 25
\$52.50 Filing Fee	s \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

CREEKSIDE OF BOONE LIMITED PARTNERSHIP

(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 1-18-2005 assigned Florida document number A05000000142, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) PARTNERSHIP HAS DISSOLVED **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: SEPTEMBER 13, 2022
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: \$52.50 Filing Fee: Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):