

AD5000001791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

AD5-1791

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnolia Point Senior Housing Limited Partnership
(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:

Joseph R. Kasberg

(Contact Person)

National Church Residences

(Firm/Company)

2335 North Bank Drive

(Address)

Columbus, OH 43220

(City, State and Zip Code)

For further information concerning this matter, please call:

Angel Cahill

(Name of Contact Person)

at (614) 273-3712

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

JOSEPH R. KASBERG
NATIONAL CHURCH RESIDENCES
2335 NORTH BANK DRIVE
COLUMBUS, OH 43220

SUBJECT: MAGNOLIA POINTE SENIOR HOUSING LIMITED PARTNERSHIP
Ref. Number: A05000001791

We have received your document for MAGNOLIA POINTE SENIOR HOUSING LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 807A00025696

**CERTIFICATE OF DISSOLUTION
FOR**

Magnolia Pointe Senior Housing 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 September 23, 2005, hereby submits this Certificate of Dissolution.

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

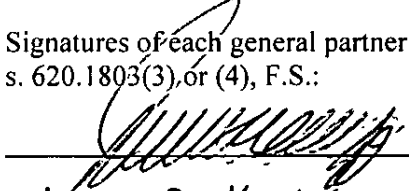
Decided not to move forward with business opportunity.

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.:


Joseph R. Kasberg
VP / Secretary - Treasurer

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

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07 AUG 16 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA