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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUTTS & BOWEN, LLP

Account Number : 076447000313 : (305)358-9166 Phone Fax Number : (305)347-7748

DISS/TERM/CANCEL/REV OF LP/LLP LIVE OAK VILLAS II, LTD.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$52.50

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CERTIFICATE OF DISSOLUTION FOR

LIVE OAK VILLAS II, LTD.		
(Name of Florida Limited Partnership or	r Limited Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limits Florida Department of State on Dece document number A05000002270 Dissolution.	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the ember 21, 2005 , assigned Florida , hereby submits this Certificate of	
FIRST: Reason for dissolution: (S CEASING BUSINESS OPERATIONS	State why partnership is submitting dissolution)	
		- -
		_
SECOND: A Notice of Dissol	lution is attached.	_
(Check box if a		
Department of State.)	e than 90 days after the date this documen: is filed by the Floria	
Note: If the date inserted in this block does not be listed as the document's effective do	s not meet the applicable statutory filing requirements, this date ate on the Department of State's records.	
	27-	2022 OC 1
Signatures of each general partner or the positiven C. Kirk, President of Live Oak Villas Phase II, LLC, the General	Partner	AMC FILE
	- (<u>)</u>	
		80
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

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: LIVE OAK VILLAS II, LTD.

Description of information that must be included in a claim:

NAME OF CLAIMANT, CONTACT INFORMATION OF CLAIMANT, BASIS FOR CLAIM, SOCIAL

SECURITY NUMBER, TIN OR EIN OF CLAIMANT, AMOUNT OF CLAIM, WHETHER CLAIM IS

CONTINGENT OR UNLIQUIDATED, AND WHETHER CLAIM IS SECURED

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

LIVE OAK VILLAS PHASE II, LLC

19308 SW 380TH STREET

FLORIDA CITY, FL 33034

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 the notice.

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

Steven C. Kirk, President of Live Oak Villas Phase II, LLC, the General Partner

Printed Name

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

Signature