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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

DISS/TERM/CANCEL/REV OF LP/LLP HOUSING ASSISTANCE OF SEBRING, LTD.

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CERTIFICATE OF DISSOLUTION FOR

Housing Assistance of Sebring, I		
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)	
partnership or limited liability limite Florida Department of State on 02/	a 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the decomposition of the control of the c	
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)	
All assets sold. Partnership term	ninated.	
		SECRETARION OF AHASS
SECOND: A Notice of Dissol (Check box if a		OF STATE
Department of State.)	e than 90 days after the date this document is filed by the F s not meet the applicable statutory filing requirements, this	
Signatures of each general partner or the position of the posi	erson appointed pursuant to s. 620.1803(3) or (4), F.S.: y of General Partner	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	