A07 000000546

| (Requestor's Name) | | | |
|-----------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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| 789 707 671 | | | |
| Office Use Only | | | |
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SECRETARY OF STATE

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| | (For Office Use Only) |
| | COVER LETTER |
| TO: Registration Section Division of Corporations | |
| SUBJECT: Townhomes of Ho | Ily Hill, Limited Partnership (Name of Partnership) |
| DOCUMENT NUMBER: A07000 | 000546 |
| The enclosed Statement of Dissolution | for Partnership and fee(s) are submitted for filing. |
| Please return all correspondence conce | erning this matter to the following: |
| Bruce E. Larson (Name of Person) | |
| Gandolf Group, LLC (Firm/Company) | |
| 5354 Parkdale Drive, Suite 3 | 350 |
| St. Louis Park, MN 55416 (City/State and Zip Co | ode) |
| For further information concerning this | s matter, please call: |
| Bruce E. Larson (Name of Person) | at (952) 543-2455 (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building | MAILING ADDRESS: Registration Section Division of Corporations |

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Tallahassee, Florida 32314

CR2E070 (10/07)



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2008

BRUCE E. LARSON 5354 PARKDALE DRIVE, STE 350 ST LOUIS PARK, MN 55416

SUBJECT: TOWNHOMES OF HOLLY HILL, LIMITED PARTNERSHIP

Ref. Number: A0700000546

We have received your document for TOWNHOMES OF HOLLY HILL, LIMITED PARTNERSHIP and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 808A00035695

CERTIFICATE OF DISSOLUTION FOR

| (Name of Florida Limited Pa | mited Parternship artnership or Limited Liability Limited Partnership) | . 0 |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| partnership or limited liability limite Florida Department of State on April | n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the il 4, 2007, assigned Florida, hereby submits this Certificate of | |
| FIRST: Reason for dissolution: (S | State why partnership is submitting dissolution) | |
| The company no longer has a business | s purpose. | |
| | Z er | 08 5 |
| | T C | 是至 |
| | | 是少日 |
| | j.T | 19 II W |
| SECOND: A Notice of Disso (Check box if attac | | OB JUN 23 PH 3: 48 |
| THIRD: Effective date, if other than the d | late of filing: | |
| (Effective date cannot be prior to nor more Department of State.) | e than 90 days after the date this document is filed by the Florida | |
| Signatures of each general partner of s. 620.1803(3) or (4), F.S.: | or the person appointed pursuant to | |
| State, L | - Leggy | |
| Filing Fee: Certified Copy (optional): | \$52.50 \$52.50 | |
| Certificate of Status (optional): | \$8.75 | |