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(Requestor's Name)				
(Address)				
(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:				
L. SELLERS				
MAY -5. 2011				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: Mag	<mark>nolia Pointe Finan</mark> f Florida Limited Partnersh	icing, LP ip or Limited Liability Lim	ited Partnership)
The enclosed Certi	ficate of Dissolution an	nd fee(s) are submitted	for filing.
Please return all co	rrespondence concerni	ng this matter to:	
Debbie Hottle			
	(Contact Person)		
C & D Construction,	Inc.		
	(Firm/Company)		
Post Office Box 236	577		
1 00. 0.1100 = 0.1100	(Address)		
O EL 22022 6/			
Cocoa, FL 32923-65	(City, State and Zip Code)	<u> </u>	
	(City, office and Zip Codo)		
For further informa	ation concerning this m	atter, please call:	
Debbie Hottle		at (321) 639	9-9198
(Name of Cor	itact Person)		Paytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	☑ \$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		MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		P. O. Box 6327 Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

Magnolia Pointe Financing	LP	
(Name of Florida Limited F	artnership or Limited Liability Limited Partnership)	•
partnership or limited liability limit Florida Department of State on De	on 620.1203, Florida Statutes, this Florida li ted partnership, whose certificate was filed cember 20, 2007 , assigned , hereby submits this Certificate of	with the Florida
FIRST: Reason for dissolution: (State why partnership is submitting dissolut	ion)
Progressive Communities of Cocoa, Ir	nc. as General Partner has filed for Dissolution	with the
State of Florida		
SECOND: A Notice of Disso (Check box if atta		
THIRD: Effective date, if other than the	date of filing:	 •
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed b	v the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Reginal Oenbrink		·····
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	11 MAY -2 SECRETARY TALLAHASSE
		E.F.S