

A08000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

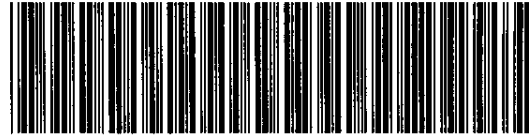
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700242904167

12/27/12--01002--020 **52.50

FILED
2012 DEC 26 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Odyssey Operating Partnership VIII, Ltd.
(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:

Samuel A. Houghton
(Contact Person)
Clark, Campbell, & Lancaster, P.A.
(Firm/Company)
500 S. Florida Avenue
(Address)
Lakeland, Florida 33801
(City, State and Zip Code)

FILED
2012 DEC 26 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Samuel A. Houghton at (863) 647-5337
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
2012 DEC 26 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Odyssey Operating Partnership VIII, Ltd.

(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 January 8, 2008, assigned Florida document number A08000000029, hereby submits this Certificate of Dissolution.

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

Under section 8.1(c) of the partnership agreement, which permits the General Partner to make an election to
dissolve the partnership after such time as all investments acquired or committed by the Partnership have
been fully liquidated as determined by the General Partner, in its sole discretion. All investments of the
partnership have been fully liquidated as of the date of this Certificate of Dissolution.

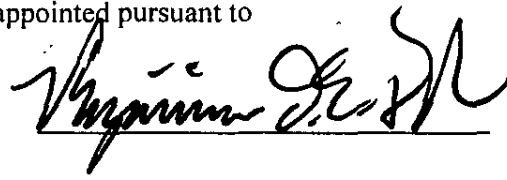
SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

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.:

Benjamin D.E. Falk, Vice President of GP



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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2012 DEC 26 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Odyssey Operating Partnership VIII, Ltd.

Description of information that must be included in a claim:

Date of the occurrence, persons involved, amount in question, remediation steps taken by claimant,

date that claimant first discovered the claim, discussions with any person or entity affiliated with the

partnership (concerning the claim), date for partnership to respond, demands from claimant.

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

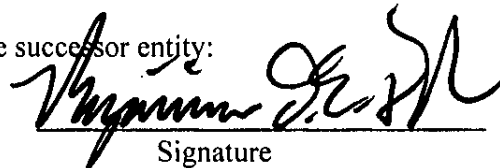
500 S. Florida Avenue, Suite 700. Attention: Odyssey Diversified Properties, Inc.

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:

Benjamin D.E. Falk, Vice President of GP

Printed Name


Signature

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