A090000013/

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
-					

Office Use Only



400230696164

05/10/12--01001--007 **27.50 04/25/12--01024--023 **86.25

12 MAY -7 PH 3: 4!

SECRETARY OF STATE

MAY - 9 2012

T. HAMPTON

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT:	NHTE Hollybroo	k, LP			
	Florida Limited Partnershi	p or Lim	ited Liability L	imited Partners	hip)
The enclosed Certif	icate of Dissolution and	d fee(s)	are submitte	ed for filing.	
Please return all cor	respondence concernin	ng this i	natter to:		
Gillian E.	Ament				
	(Contact Person)				
NHT/Enterpr	ise Preservation	Corpo	ration		
	(Firm/Company)				
1101 30th	Street, N.W., Sui	te 40()		
	(Address)				
Washington					
+	(City, State and Zip Code)				
For further information concerning this matter, please call:					
Gillian E.	Ament	at (_	202)_	333-8931	ext. 114
(Name of Con	act Person)		(Area Code and	d Daytime Tele	phone Number)
Enclosed is a check for the following amount:					
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing Fee Certified Copy	Certified	75 Filing Fee, Copy, and te of Status
STREET ADDRES	SS:		MAILIN	G ADDRES	S:
Registration Section			Registration Section		
Division of Corporations			Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314		
Tallahassee, FL 32301					



RECEIVED

12 MAY -7 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 26, 2012

GILLIAN E AMENT NHT/ENTERPRISE PRESERVATION CORPORATION 1101 30TH ST NW - STE 400 WASHINGTON, DC 20007

SUBJECT: NHTE HOLLYBROOK, LP

Ref. Number: A0900000131

We have received your document for NHTE HOLLYBROOK, LP and check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP DISSOLUTION, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00012798

CERTIFICATE OF DISSOLUTION FOR

NHTE Hollybrook, LP				
(Name of Florida Limited F	Partnership or Lim	ited Liability Limited Partnership)		
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A090000013 Dissolution.	ted partnership.	whose certificate was filed with the		
FIRST: Reason for dissolution: (State why partr	nership is submitting dissolution)		
The entity was establi	shed to acq	uire a housing project in		
Jacksonville, Florida. T	he purchase	fell through and the enity		
is no longertneeded.				
SECOND: A Notice of Disse (Check box if atta		ned.		
THIRD: Effective date, if other than the	date of filing:	<u></u> .		
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days aft	er the date this document is filed by the Florida		
Signatures of each general partner s. 620 803(3) or (4), F.S.:	or the person a	ppointed pursuant to		
		Scott L. Kline - Executive Manager		
Umm		Michael Bódaken - Manager		
Filing Fee:	\$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75	12 12		
cerumeate of Status (optional).	⊅O₁/₽	N ≦ഗ		