A 10174

/5	2	ata da Nosa	۵)	
1)	ve que:	stor's Nam	e)	
	Addres	ss)		
(/	Addres	ss)	- <u>-</u>	
- 10	7i6//Q4	ate/Zip/Pho	220 th	
,	Jily/Si	ate/Zip/Pili	one #)	
PICK-UP		TIAW		MAIL
(6	Busine	ss Entity N	lame)	
	Joenn	nent Numb	<u> </u>	
(1		ient Homb	cij	
Certified Copies	_	Certifica	tes of	Status
Special Instructions t	o Filin	g Officer:		

Office Use Only



500345574345

06/01/20--01021--013 **61.25

2020 Jrm - 1 PH 6: 43



COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: HARBOUR RIDGE, 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: JACK C SCHULER
(Contact Person)
HARBOUR RIDGE INC.
(Firm/Company)
10810 SO TROPICAL TRAIL
(Address)
MERRITT ISLAND, FL 32952
(City, State and Zip Code)
For further information concerning this matter, please call:
JACK C SCHULER 321 7776092 at (
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy 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

HARBOUR RIDGE, LTD. 2079 "1" - I PH 6: 53 (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 MARCH 6,1981 , assigned Florida document number A10174 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) ALL AFFAIRS OF THE PARTNERSHIP HAVE HAVE BEEN WOUND UP-ALL ASSETS SOLD, ALL LIABILITIES PAID, AND ALL FUNDS DISTRIBUTED TO THE PARTNERS **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing: 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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):