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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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CERTIFICATE OF DISSOLUTION FOR HOLIDAY, LTD.

Pursuant to the provisions of §620.1203, Florida Statutes, HOLIDAY, LTD., a Florida limited partnership, (the "Partnership") whose Certificate of Limited Partnership was filed with the Florida Department of State on June 11, 1982 (assigned Florida Document Number A12655) hereby submits this Certificate of Dissolution as follows:

- 1. The Partnership has sold substantially all of its assets and has ceased to do business, and therefore, the general partner has been authorized to dissolve, liquidate and wind up the Partnership's business affairs, including the signing and filing of this Certificate of Dissolution.
 - 2. A Notice of Dissolution of Limited Partnership is attached.
- 3. The effective date for the Partnership's dissolution shall be on the filing of this Certificate of Dissolution.

EXECUTED by the Partnership's sole general partner this 2 day of DECEMBER, 2020.

MAXDEN, INC., as general partner of HOLIDAY, LTD.

ROBERT L. MADDEN President

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP

This notice is submitted by the dissolved Florida limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership as provided in §620.1807, Florida Statutes.

This Notice of Dissolution for Florida Limited Partnership (the "Notice") is optional and is not required when filing Articles of Dissolution.

The date of dissolution will be the date of the filing of the Articles of Dissolution with the Florida Secretary of State.

The name of the Florida limited partnership is **HOLIDAY**, **LTD.**, a Florida limited partnership (the "Partnership"), with Florida Document Number A12655.

This Notice requires that persons with claims against the Partnership which are unknown to the Partnership must be submitted in accordance with this Notice.

Any such claim against the Partnership must include the following information in a written notice of claim:

Please describe with specificity the nature of the claim, the amount of the claim, the date that the claim arose and the date of discovery of the claim.

Mailing address where claims can be sent (claims cannot be sent to the Division of Corporations):

HOLIDAY, LTD. 6810 New Tampa Hwy., Suite 100 Lakeland, Florida 33815

A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice.

PARTNERSHIP:

MAXDEN, INC., as general partner of HOLIDAY, LTD.

Robert L. Madden, President