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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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52.50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RST Springfield Plaza, LP
(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:
Rebecca Ford

(Contact Person)

Pillar Income Asset Management, inc.

(Firm/Company)

1603 LBJ Freeway, Suite 800

(Address)

Dallas, TX 75234

(City, State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Rebecca Ford at (469) 522-4478
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

RST Springfield Plaza, LP

(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 August 30, 2013, assigned Florida document number A13000000468, hereby submits this Certificate of Dissolution.

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

The Partnership is no longer conducting business in the State of Florida and is hereby filing this certificate of dissolution in accordance with Section 620.1801(2) and Section 620.1801(1)(b) of the Florida Statutes.

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.)

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.:
RST Springfield Plaza Housing, LLC, its General Partner

By: **RST Florida Housing, LLC**, its Managing Member

By: _____

Clifton E. Phillips, its Managing Member

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

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