A1400000000720

(R	equestor's Name)				
(Address)					
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(B	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	·				
(C	Occument Number) Certificates of Status				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2016

DAVID PSIMER 5583BOBBY HICKS HWY STE 111 GRAY, TN 37615

SUBJECT: CLEARLAKE VILLAGE, L.P.

Ref. Number: A14000000720

We have received your document for CLEARLAKE VILLAGE, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

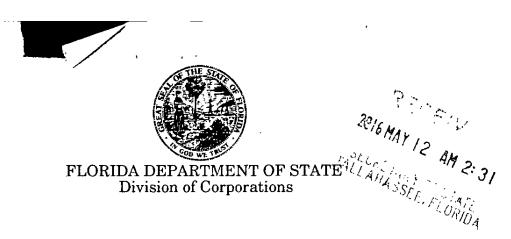
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00008748

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org



April 27, 2016

DAVID PSIMER 5583BOBBY HICKS HWY STE 111 GRAY, TN 37615

SUBJECT: CLEARLAKE VILLAGE, L.P.

Ref. Number: A1400000720

We have received your document for CLEARLAKE VILLAGE, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 916A00008748

Yasemin Y Sulker Regulatory Specialist II

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Clearla	ke Village, LY
(Name of Florida Limited Partn	nership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution	n and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to:
David Psimer	
DPKY Developme	nt Co., uc
5583 Bobby Hicks	Hwy. Ste 111
Gray, TN 3761	5
(City, State and Zip C	lode)
For further information concerning th	is matter, please call:
Carol Lindquist	at (423) 467-8012
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee \$61.25 Filing Fe and Certificate of Status	ee \$\Bigsquare\$ \$105.00 Filing Fee and Certified Copy Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

CERTIFICATE OF DISSOLUTION FOR

Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75				
	-				
s. 620.1803(3) or (4), F.S.:					-
(Effective date cannot be prior to nor more Department of State.) Signatures of each general partner of				by the FD rida ORIO	નું છે. વારા વારા વારા વારા વારા વારા વારા વાર
(Check box if attactive date, if other than the date)		4/22	2016	AHASSHE.	AY 12 PM
SECOND: A Notice of Disso (Check box if attac	olution is attac	hed.		TALL	16 3 4
FIRST: Reason for dissolution: (S	State why part Fermin		mitting dissolu	tion)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number ALLOOOOOT Dissolution.	ed partnership	, whose certi 2014		with the Florida	
(Name of Florida Limited Pa	e VIII	age j	LP imited Partnership)	
	1 010				

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

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: Clearlake Village, LP		
Description of information that must be included in a claim:		
	TALL.	161
	AHA AHAS	HAY
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)		2 PM 3:
Stell Bobby Hicks Hwy	PAT ORIDA	t tu
Gray, TN 37615		
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 4 years after the filing of the notice.	within	
Signature of a general partner or a principal of the successor entity:		
Printed Name Signature		

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

\$52.50.