

**A1500000052**  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : COHEN & GRIGSBY, P.C.  
Account Number : I20030000042  
Phone : (239) 390-1912  
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**DISS/TERM/CANCEL/REV OF LP/LLP  
AMARYLLIS PARK PLACE, LP**

Certificate of Status	0
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# **CERTIFICATE OF DISSOLUTION FOR**

## **AMARYLLIS PARK PLACE 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 01/15/2015, assigned Florida document number A15000000052, hereby submits this Certificate of Dissolution.

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

The limited partnership is no longer transacting business.

**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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMARYLLIS PARK PLACE SHA, LLC

General Partner

By: [Signature]

Filing Fee: \$52.50  
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