

10/21/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CONROY, CONROY & DURANT, P.A.  
Account Number : 120190000025  
Phone : (239)649-5200  
Fax Number : (239)649-8140

**DISS/TERM/CANCEL/REV OF LP/LLP  
ARGO ESTERO PARK, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

2019 OCT 21 PM 1:46

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**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** ARGO Estero Park, 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:

J. Thomas Conroy, III

(Contact Person)

Conroy, Conroy & Durant, P.A.

(Firm/Company)

2210 Vanderbilt Beach Road, Suite 1201

(Address)

Naples, FL 34109

(City, State and Zip Code)

For further information concerning this matter, please call:

J. Thomas Conroy, III

at (239) 649-5200  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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# **CERTIFICATE OF DISSOLUTION FOR**

ARGO Estero Park, 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 03/25/2015, assigned Florida document number A15000000195, hereby submits this Certificate of Dissolution.

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

Voluntary Dissolution

**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 10/31/2019

(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.:

By: ARGO Calvan HS-GP, Inc., its General PartnerBy: Gordon V. Buck, DirectorBy: Troy P. Van Haastracht, Director

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

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