

A15000000633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Correction PER Conversation
with Margaret 1/16/2018
KS

Disc.

Office Use Only



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01/04/18--01005--016 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JAN 16 PM 4:45

K SALY
JAN 16 2018

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SANFORD VILLAGE HOUSING, 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:
JAN HEFLINGER

(Contact Person)

PICERNE DEVELOPMENT CORP

(Firm/Company)

247 N. WESTMONTE DR

(Address)

ALTAMONTE SPRINGS, FL 32707

(City, State and Zip Code)

For further information concerning this matter, please call:

JAN HEFLINGER

at (407) 772-0200

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JAN 16 PM 4:45

SANFORD VILLAGE HOUSING, 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 10/16/2015, assigned Florida document number A15000000633, hereby submits this Certificate of Dissolution.

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

NO LONGER CONDUCTING BUSINESS

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

THIRD: Effective date, if other than the date of filing: 12/31/2017
(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.:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2018

PICERNE DEVELOPMENT CORP
JAN HEFLINGER
247 N WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32707

SUBJECT: SANFORD VILLAGE HOUSING, LP
Ref. Number: A15000000633

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

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 318A00000343