## A16000000481

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	. #n
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SECRETARY OF STATE
ALL ALLACSEE CHARGE.

K. SALY FEB 27 2018

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32301

Division of Corporations COUNTRY CLUB PLACE, LP SUBJECT: (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 (Fum/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 772-0200 (Name of Contact Person) (Daytime Telephone Number) Enclosed is a check for the following amount: S52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Certificate of Status 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

## CERTIFICATE OF DISSOLUTION FOR

CERTIFICATE OF DISSOLUTION FOR	FILED  3 27 AM 8: 37  RY OF STATE SEE, FLORIDA
78 FEE	27
CUNTRY CLUB PLACE, I. SECTOR	_ ' M & 2 -
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	RY OF STATE
Florida Department of State on <u>09/14/2016</u> , assigned Florida document number <u>A16000000481</u> , hereby submits this Certificate of	· · · · ORIDA
Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	
NO LONGER CONDUCTING BUSINESS	
	<u> </u>
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 Floria	Ta
Department of State.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.	will
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	
	<del>_</del>
	<del>_</del>

\$52.50

\$52.50

\$8.75

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):