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COVER LETTER

TO: Regis	stration Section		
Division of C	Corporations		
SUBJECT:	·	NELLAS APARTMENTS LP nership or Limited Liability Limited Partnership)	
Please return	I Certificate of Dissolution and all correspondence concernived SHAPOSHNICK	nd fee(s) are submitted for filing. ng this matter to:	
	(Contac	t Person)	
EVE	REST REALTY INVESTME	ENT GROUP LLC	
	(Firm/C	ompany)	
409 B	BALA CIRCLET		
•	(Addr	ess)	
BAL	A ÇYNWYD, PA 19004		
<u>.</u>	(City, State an	d Zip Code)	
For further in	nformation concerning this m	natter, please call:	
ZEV SHAPOSHNICK (Name of Contact Person)		at (2/5) 350 - 48 (Daytime Telephone Number)	UT
Enclosed is a	a check for the following amo	ount:	
\$52.50 Filin	ng Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy. Certificate of Sta	and
Clifton Build	Section Corporations	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

EVEREST SERIES II PINELLAS APARTMENTS 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 09/30/2016 . assigned Florida document number A16000000524 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) CONSENT OF ALL GENERAL PARTNERS AND LIMITED PARTNERS **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.) 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 FILED
SECRETARY OF STATE
SECRETARY OF STATE

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: EVEREST SERIES II PINELLAS APARTMENTS LP
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
EVEREST REALTY INVESTMENT GROUP LLC
409 BALA CIRCLET
BALA CYNWYD, PA 19004
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 within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
ZEV SHAPOSHNICK
Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.