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SECRETARY OF STATE DIVISION OF CORPORATIONS

B FIGUEROA MAR 0 2 2018

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: RIVER CLUB PLACE, LP	
	artnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence concer JAN HEFLINGER	and fee(s) are submitted for filing. ning this matter to:
(Cont	tact Person)
PICERNE DEVELOPMENT	
(Firm	n/Company)
247 N WESTMONTE DRIVE	
(Ad	idress)
ALTAMONTE SPRINGS, FL 32714	
(City, State	and Zip Code)
For further information concerning this	matter, please call:
JAN HEFLINGER	407 772-0200 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following an	nount:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy 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**

RIVER CLUP PLACE, LP	
(Name of Florida Limited Partnership o	or Limited Liability Limited Partnership)
partnership or limited liability limit Florida Department of State on FEE	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the BRUARY 27, 2018, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
NO LONGER CONDUCTING BUSINES	3
SECOND: A Notice of Disso (Check box if a	
THIRD: Effective date, if other than th	e date of Sling, FEBRUARY 27, 2018
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Note: If the date inserted in this block doe not be listed as the document's effective d	s not meet the applicable statutory filing requirements, this date will ate on the Department of State's records.
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
M	
Filing Fee:	\$52,50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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: RIVER CLUB PLACE, LP Description of information that must be included in a claim: DESCRIPTION OF CLAIM, AMOUNT OF CLAIM, AND CONTACT INFORMATION Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 247 N WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 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: ROBERT M PICERNE Printed Name Signature

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