

A16495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

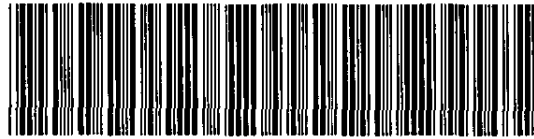
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 FEB -5 PM 12: 31

K. SALY
EXAMINER

FEB - 6 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 520936 7232314
AUTHORIZATION : *[Handwritten Signature]*
COST LIMIT : \$ 52.50

ORDER DATE : February 5, 2013
ORDER TIME : 8:30 AM
ORDER NO. : 520936-005
CUSTOMER NO: 7232314

DOMESTIC FILINGS

NAME: LAKES OF NORTHDALÉ, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT# 52951

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Lakes of Northdale, Ltd.

(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 February 27, 1984, assigned Florida document number A16495, hereby submits this Certificate of Dissolution.

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

No longer doing business

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

By: Omaha Northdale GP LLC, general partner
By: SWP Manager LLC, its manager
By: Connell J. Watters
Connell J. Watters
Secretary

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