A17000000573

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **ት**: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/05/2020		
Name:	Marcel Ogbonna-Amu		
Reference #	#:1183528		
Entity Name	e:PARKSIDE FAMILY AP	ARTMENTS LTD	
☐ Articl	les of Incorporation/Authorization to Tran	sact Business	
Ame	ndment		
Char	nge of Agent		
Rein	statement		
☐ Conv	version		
☐ Merg	ger		
☑ Disso	olution/Withdrawal		
Fictit	ious Name	20 FEB	
☐ Othe	PF	್ - -	
Authorized	Amount: \$52.50	TR Tr	OF STATE PROBATIONS

F: 800.944.6607

Signature: ____

CERTIFICATE OF DISSOLUTION FOR

Parkside Family Apartments, 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 11/27/17, assigned Florida document number A17000000573, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
Entity is no longer needed		
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 wi not be listed as the document's effective date on the Department of State's records.	ill	
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	20 F	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	70	277. 2013
Parkside GP, LLCOA , ,	ណ៍	
By: (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/		1900 1900 1900
Kristin M. Miller, President	AM II: I);
V 052.50	20	HOLL
Filing Fee: \$52.50 Certified Copy (optional): \$52.50		رد.
Certificate of Status (optional): \$8.75		