

A17607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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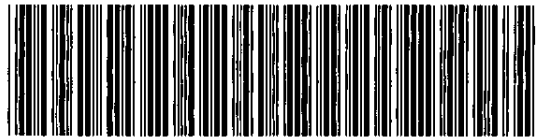
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

JAN 13 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NTS/Sabal Residential, Inc.

DOCUMENT NUMBER: H50995

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan M. Howard

(Name of Contact Person)

NTS Development Company

(Firm/Company)

10172 Linn Station Road

(Address)

Louisville, Kentucky 40223

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan M. Howard

(Name of Contact Person)

at (502) 426-4800

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**CERTIFICATE OF DISSOLUTION
FOR**

NTS/FORT LAUDERDALE, 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 August 6, 1984, assigned Florida document number A 17607, hereby submits this Certificate of Dissolution.

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

All of the general partners and limited partners
have consented to the dissolution.

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.:

NTS Capital Corporation,
General Partner

By: [Signature]
Title: Gregory A. Wells
Executive Vice President

[Signature]
J. D. Nichols
General Partner

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

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