

A18000000418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

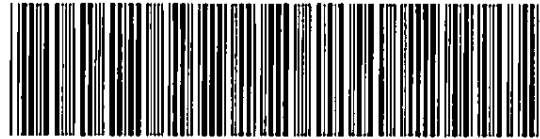
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 NOV 23 AM 8:55
CLERK OF STATE
TALLAHASSEE, FL

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2021 NOV 23 PM 4:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

Y. SULKER
NOV 30 2021

X



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2021

COGENCY GLOBAL INC

SUBJECT: ARBOR TRAIL APARTMENTS II, LTD.
Ref. Number: A18000000418

We have received your document for ARBOR TRAIL APARTMENTS II, LTD. and the authorization to debit your account in the amount of \$52.50. However, the document has not been filed and is being returned for the following:

Please state why partnership is submitting dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00028485



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **November 29, 2021**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1528805**

Entity Name: **ARBOR TRAIL APARTMENTS II, LTD.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$52.50**

Signature: David Shulman

**CERTIFICATE OF DISSOLUTION
FOR**

ARBOR TRAIL APARTMENTS II, 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 9/26/2018, assigned Florida document number A18000000418, hereby submits this Certificate of Dissolution.

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

The entity is no longer needed.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

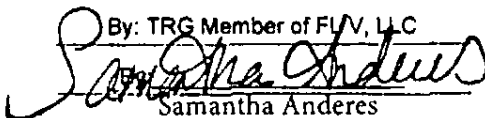
THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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.:

Arbor Trail GP II, LLC

By: TRG Member of FLV, LLC


Samantha Anderes

Treasurer

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

FILED
2018 OCT 29 AM 8:55
CLERK
STATE