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(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

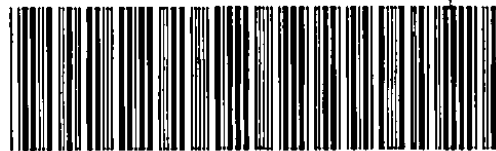
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** LILY LAKE GOLF GROUP, LP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

VERNON L WOLODKIN, MANAGER

(Contact Person)

LILY LAKE GOLF CLUB, INC

(Firm/Company)

6603 HWY 27

(Address)

FROSTPROOF, FL 33843

(City, State and Zip Code)

For further information concerning this matter, please call:

VERNON L WOLODKIN

at (

863

(Area Code)

635-6234

(Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
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**

LILY LAKE GOLF GROUP, LP

(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 APRIL 16, 2019, assigned Florida document number A19000000160, hereby submits this Certificate of Dissolution.

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

ENTITY FORMED ON 4/16/19 BUT NEVER CONDUCTED ANY BUSINESS IN FLORIDA. ENTITY WAS CHANGED FROM AN LIMITED PARTNERSHIP TO A CORPORATION PRIOR TO CONDUCTING ANY BUSINESS IN THE STATE. THIS ENTITY IS BEING DISSOLVED BASED ON THE CONSENT OF ALL THE MEMBERS.

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

**THIRD:** Effective date, if other than the date of filing: OCTOBER 15, 2019

(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.:

Vernon J. Woodburn

GENERAL PARTNER

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

2019 OCT 11 3:38