A1900000367

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(Address)		
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PICK-UP] WAIT MAIL	
(Business	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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Special Instructions to Filing Officer:		
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2023 APR 17 AMIL: 35

FILED SEURETARY OF STATE PROFESSION

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: SATATOGA TEN 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: (Contact Person)		
Neikirk, Mahoney a maier		
1215 Herr Lang - Svite 210 (Address)		
LOUIS VILLE KY 40222 (City, State and Zip Code)		
For further information concerning this matter, please call:		
Michael Maie at (502) 896-2966 (Name of Contact Person) at (502) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee Certified Copy 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

Saratogo	7 Ten, LP
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limite	1 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the course 28, 2019, assigned Florida 367, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
Business operation	ons have ceased. All assets
have been lique	ons have ceased. All assets
SECOND: A Notice of Dissolution (Check box if at	tached.)
Department of State.)	date of filing: 17 17 2023 than 90 days after the date this document is filed by the Florida not meet the applicable statutory filing requirements, this date will te on the Department of State's records.
	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited L Saratoga Ten LP	iability Limited Partnership:
Description of information that must be included in a	claim:
Detail INVOICE	
Mailing address where claims can be sent: (Claims canno	ot be sent to the Florida Department of State.)
•	
Suite 210	
Louisville ty	10222
A claim against the above named limited partnership will be barred unless a proceeding to enforce the clai 4 years after the filing of the notice.	or limited liability limited partnership
Signature of a general partner or a principal of the su	ccessor entity:
STGP, LLC - Belinust Thomas Printed Name	Belinda Thoucos Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.