

# A19 000000397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

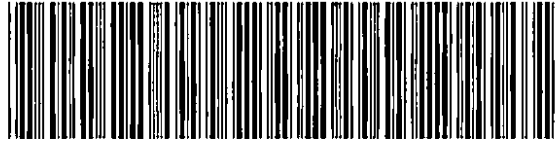
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400398711384

RECEIVED

2022 DEC 27 PM 4:08

TALLAHASSEE, FL 32301

FILED

2022 DEC 27 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FL

0.12/28/2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 113.75**

AUTHORIZATION:   
CYPRESS CREEK APARTMENTS LP A19000000397

**Business Name** \_\_\_\_\_ **Document Number, (if known):** \_\_\_\_\_

☐ Walk in ☐ Pick up time \_\_\_\_\_  
☐ Mail out ☐ Will wait \_\_\_\_\_ Photocopy

☒ **Certified Copy of Articles of Organization**  
☒ **Certificate of Status**

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**  
☐ **PLLC**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☒ Dissolution  
☐ Merger  
☐ **Conversion**  
☐ **Statement of Correction**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** CYPRESS CREEK APARTMENTS L.P.

(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:  
ERIC P. STEIN

(Contact Person)

ERIC P. STEIN, P.A.

(Firm/Company)

1820 NE 163 STREET, STE. 100

(Address)

NORTH MIAMI BEACH, FL 33162

(City, State and Zip Code)

For further information concerning this matter, please call:

ERIC P. STEIN

at ( 786 ) 248-1000

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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**

CYPRESS CREEK APARTMENTS LP

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

**FILED**

2022 DEC 27 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FL

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 09/19/2019, assigned Florida document number A19000000397, hereby submits this Certificate of Dissolution.

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

Completion of business purpose

**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.:

*Y Frankforter*  
Yaakov Frankforter, as President of  
Collier Ridge General Partner Inc.,  
its General Partner

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$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 Liability Limited Partnership:  
CYPRESS CREEK APARTMENTS LP

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Description of information that must be included in a claim:

1. Nature of the claim, 2. Basis for the claim, 3. Amount of the claim, and 4. Full legal name and address of  
the creditor

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Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

4810 Jean-Talon West #408

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Montreal, Quebec H4P2N-5

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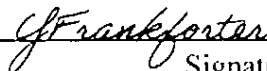
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Yaakov Frankforter, Authorized Person for  
Cypress Creek Apartments General Partner LLC,  
its General Partner

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Printed Name



Signature

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