A11600

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
<u> </u>						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Limity Hairie)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



200259253952

04/22/14--01010--034 **\$2.50



J. Stilvers APR 2 4 2014



April 17, 2014

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

Re: Kendall Townhome Investors, Ltd.

Enclosed for filing are an original and one copy of the Certificate of Dissolution for the above limited partnership as well as a check in the amount of \$52.50 for payment of the filing fee. Please file the original and return a file-stamped copy in the enclosed self-addressed postage paid envelope. If there are any questions or additional information is required, please feel free to contact me at (303) 691-4382. Thank you for your assistance.

Sincerely,

Lucinda M. Ehrhard Assistant Secretary

/lme

Enclosure

COVER LETTER

Division of C							
SUBJECT: KEND	ALL TOWNHOM	1E IN	VESTOR:	S, L7	ΓD.		
(Name of)	Florida Limited Partnershi	p or Lin	nited Liability	Limite	ed Partnership)		
The enclosed Certific	cate of Dissolution and	d fee(s) are submit	ted fo	or filing.		
Please return all corr	espondence concernir	ng this	matter to:				
Lucinda M. Ehrha	(Contact Person)						
Aimco	(Contact i erson)						
Aimeo	(Firm/Company)						
4582 S Ulster St,	Suite 1100						
	(Address)						
Denver, CO 8023	37						
(1	City, State and Zip Code)						
For further informati	on concerning this ma	atter, p	lease call:				
Lucinda M. Ehrha		at (_	303	691	-4382		
(Name of Conta	act Person)		(Area Code a	ınd Da	ytime Telephone Number)		
Enclosed is a check	for the following amo	unt:					
✓ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filing F Certified Copy		S113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRES	S:		MAILI	NG A	DDRESS:		
Registration Section			Registration Section				
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327				
2661 Executive Cent Tallahassee, FL 323					FL 32314		

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P			nership)	
Pursuant to the provisions of sectio partnership or limited liability limit Florida Department of State on M document number A19600 Dissolution.	ed partnership arch 29, 19	o, whose certificate was 85, ass	s filed with the igned Florida	
FIRST: Reason for dissolution: (S	State why part	tnership is submitting d	issolution)	
The events for dissolution that	are specific	ed in the partnership	agreement	
have occurred.	<u> </u>			
	.			
SECOND: A Notice of Disso (Check box if atta		ched.		
THIRD: Effective date, if other than the	date of filing:		,	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days a,	fter the date this document i	s filed by the Florida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.: Maeril, Inc., general partner By: Lucinda M. Ehrhard, Assistant Secretary	or the person a	appointed pursuant to	SECRETARIO TALLAHASSE	and the second
				i F
Filing Fee:	\$52.50 \$52.50		STA LOR	ista.
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		IDA	***************************************