A2100000383

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

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COVER LETTER

:

Tallahassee, FL 32301

TO: Registratio	n Section			
Division of Corpo	rations			
Forest Creek Pensacola Apartments, L.P. SUBJECT:				
30B0ECT	(Name of Florida Limited Pa	rtnership or Limited Liability Limite	ed Partnership)	
	ificate of Dissolution a	and fee(s) are submitted ning this matter to:	for filing.	
	(Conta	et Person)		; - -
Omni New York LLC				224
	(Firm/	Company)		AND
909 Third Avenue, 21	st Floor			
	(Ade	lress)		7 TA
New York, NY 10022				
	(City, State a	and Zip Code)		
For further informa	ation concerning this 1	natter, please call:		
Max Kelner	ner 646 762-4947 at ()			
(Name of Contact Person)		 \	time Telephone Number)	
Enclosed is a check	k for the following am	ount:		
\$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, an Certificate of State	d
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Contex Circles		MAILING A Registration Division of C P. O. Box 63	Section Corporations 27	
2661 Executive Center Circle		Tallahassee, FL 32314		

CERTIFICATE OF DISSOLUTION **FOR**

Forest Creek Pensacola Apartments, L.P.

(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				
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)				
Business transaction did not close.				
SECOND: A Notice of Dissolution is attached. (Check box if attached.)	2022 JAN 2			
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.	5 AHE			
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:				
Filing Fee: \$52.50 Certified Copy (optional): \$52.50				

\$8.75

Certificate of Status (optional):