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(((H210004199253)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: LEGALZOOM.COM INC. Account Name Account Number : I20010000062

Phone : (323)962-8600

Fax Number

: (323)962-3889

DISS/TERM/CANCEL/REV OF LP/LLP YOUR PLACE HOMES LP

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November 15, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

YOUR PLACE HOMES LP 15850 PORTOFINO SPRINGS BLVD., UNIT 102 FORT MYERS, FL 33908US

SUBJECT: YOUR PLACE HOMES LP

REF: A21000000508

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Agnes Lunt Regulatory Specialist III

FAX Aud. #: H21000419925 Letter Number: 921A00027656 To: +18506176383 Page: 5 of 5 2021-12-02 14:18:21 PST LegalZoom.com, Inc. From: Richard York

COVER LETTER

TO: Registration to Division of C				
SUBJECT: YOUF	R PLACE HOMES Florida Limited Partnershi	S LP p or Lin	rted Liability Lin	nited Partnership)
The enclosed Certific	cate of Dissolution an	d fee(s	are submitted	for filing.
Please return all corr	espondence concernir	ng this i	natter to:	
Cheyenne Moseley	,			
	(Contact Person)			
Legalzoom.com, Ir	nc.			
	(Firm/Company)			
101 N Brand Blvd	FI 10			
	(Address)			
Glendale, CA 9120)3			
(1	City, State and Zip Code)			
For further informati	on concerning this ma	atter, pl	ease call:	
Cheyenne Moseley		at (_		32-8600
(Name of Conta	net Person)		(Area Code and	Daytime Telephone Number)
Enclosed is a check for the following amount:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status		05,00 Filing Fee Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:		MAILING	ADDRESS:
Registration Section			Registration	
Division of Corporations Division of Corpor Clifton Building P. O. Box 6327				
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314	
Taliahassee, FL 323				

Page, 4 of 5

Certified Copy (optional):

Certificate of Status (optional):

CERTIFICATE OF DISSOLUTION FOR

YOUR PLACE HOM	ES 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 09/20/2021 assigned Florida document number A2100000508 , hereby submits this Certificate of Dissolution.					
FIRST: Reason for disso	ution: (State why partnership is submitting dissolution)				
Limited Partnership no l	onger conducting business				
	of Dissolution is attached. ox-if attached.)				
THIRD: Effective date, if other	r than the date of filing:				
(Effective date cannot be prior Department of State.)	o nor more than 90 days ofter the date this document is filed by the Florida				
Signatures of each general s. 620.1803(3) or (4), F.S.	partner or the person appointed pursuant to				
/ Filing Fee:	\$52.50				

\$52.50

\$8.75