

A 23659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

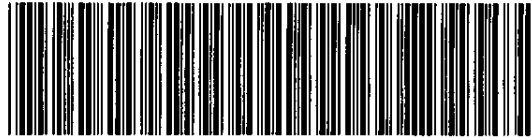
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

DB

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08/16/07--01024--013 **113.75

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07 AUG 16 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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420 South Orange Avenue
Suite 1200
Orlando, Florida 32801-4904
Post Office Box 231 *mail*
Orlando, Florida 32802-0231
www.akerman.com
407 423 4000 *tel* 407 843 6610 *fax*

August 9, 2007

Registration Section
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

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07 AUG 16 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Sunflower Trail Estates, Ltd.

Dear Madame / Sir:

The enclosed Certificate of Dissolution and Notice of Dissolution are submitted for filing, together with our check in the amount of \$113.75. We request a certified copy of the Certificate of Dissolution and a Certificate of Status.

Please return all correspondence concerning this matter to:

Michael P. McMahon, Esquire
Akerman Senterfitt
P.O. Box 231
Orlando, Florida 32802-0231

For further information concerning this matter, please contact me at 407-419-8517.

Sincerely,


Michael P. McMahon

MPM/jhn
Enclosures

**CERTIFICATE OF DISSOLUTION
FOR**

SUNFLOWER TRAIL ESTATES, LTD.

(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 November 25, 1986, hereby submits this Certificate of Dissolution.

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

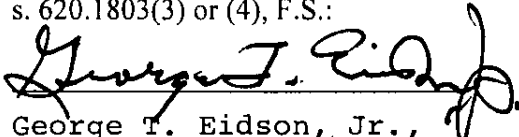
Termination pursuant to Article 3, Section 3.4 of the
Limited Partnership Agreement of Sunflower
Trail Estates, Ltd.

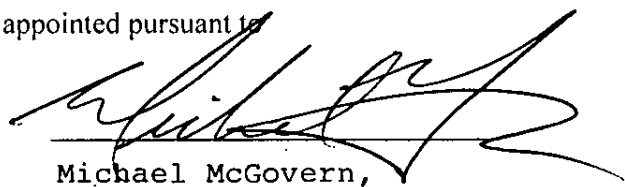
SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: As of date of filing hereof

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


George T. Eidson, Jr.,
General Partner


Michael McGovern,
General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

SUNFLOWER TRAIL ESTATES, LTD.

Description of information that must be included in a claim:

The amount and basis of the claim, including
documentation in support, such as but not limited to
contracts, purchase orders or like instruments

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

George T. Eidson, Jr.

P.O. Box 231

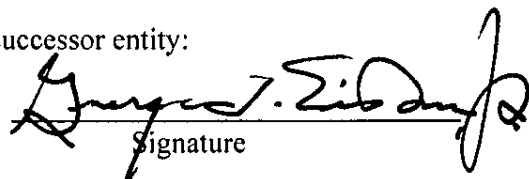
Orlando, Florida 32802-0231

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:

George T. Eidson, Jr.

Printed Name


Signature

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

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TALLAHASSEE, FLORIDA