

A26755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gardenia Street Villas, Ltd.

(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:

Kevin Flynn

(Contact Person)

Flynn Management Corp.

(Firm/Company)

516 Lakeview Rd., Unit 8

(Address)

Clearwater, FL 33761

(City, State and Zip Code)

For further information concerning this matter, please call:

Kevin Flynn

(Name of Contact Person)

at (727) 449-1182

(Area Code and 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

Gardenia Street Villas, 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 July 19, 1988, assigned Florida document number A26755, hereby submits this Certificate of Dissolution.

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

The partnership is being dissolved pursuant to Section 620.1801(3), as a result of the dissolution

of the sole general partner, Jack Shubert, who died. See Section 620.1603(7)(a). The limited

partners have appointed Sheri L. Owens to wind up the affairs of the partnership pursuant

Section 620.1803(3). Her street and mailing address is: 1985 Cornelius Rd, Nashville, GA 31639

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.)

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

Sheri L. Owens

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

2011 JAN 15 PM 5:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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