## A 30691

| (Re                                     | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Ac                                     | dress)            | _           |  |  |
| (Ac                                     | ldress)           |             |  |  |
| (Ci                                     | ty/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Business Entity Name)                  |                   |             |  |  |
| (Document Number)                       |                   |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
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Office Use Only

## **COVER LETTER**

| TO: Registration Division of   | Section<br>Corporations                            |   |   |
|--------------------------------|--|---|---|
|                                | of Leon County, I                                  | td.<br>ip or Limited Liability Limi                                 | ted Partnership)  |
| The enclosed Certif            | icate of Dissolution an                            | d fee(s) are submitted f  | or filing.  |
| Please return all con          | rrespondence concerni                              | ng this matter to:  |   |
| Charles Thompson               |  |   |   |
|                                | (Contact Person)                                   |   |   |
| Evergreen Residentia           | al   |   |   |
|                                | (Firm/Company)                                     |   |   |
| 519 Harrison Avenue            | . Suite 512  |   |   |
|                                | (Address)  |   |   |
| 0 -1 11                        | 00440  |   |   |
| Boston, Massachuse             | (City, State and Zip Code)                         |   |   |
|                                | (City, State and Zip Code)                         |   |   |
| For further informa            | tion concerning this m                             | atter, please call:   |   |
| Charles Thompson               |  | at ( 617 ) 423  | I-170 <b>7</b>  |
| (Name of Cor                   | ntact Person)                                      | erson) at ( 617 ) 423-1707 (Area Code and Daytime Telephone Number) |   |
| Enclosed is a check            | for the following amo                              | unt:  |   |
| ☑ \$52.50 Filing Fee           | \$61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing Fee<br>and Certified Copy                           | S113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS: MAILING ADDRES |  | ADDRESS:  |   |
| Registration Section           |  | Registration Section  |   |
| Division of Corporations       |  | Division of Corporations  |   |
| Clifton Building               |  | P. O. Box 6327  |   |
| 2661 Executive Ce              |  | Tallahassee,  | FL 32314  |
| Tallahassee FL 32              | 2301   |   |   |

## FILED

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## CERTIFICATE OF DISSOLUTION JAN 30 PM 2: 17

SECRETARY OF STATE: TALLAHASSEE FLORIDA CEK of Leon County, 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 October 11, 1990, assigned Florida , hereby submits this Certificate of document number A30691 Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Reorganizing corporate ownership structure in connection with estate planning **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.: Charlis M. Thompson. orten. Filing Fee: \$52.50 Certified Copy (optional): \$52.50

\$8.75

Certificate of Status (optional):