A30743	
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(City/State/Zip/Phone #)	· .
(Document Number)	05/02/2001002023 **105.00
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## COVER LETTER

**Registration Section** TO:

\_\_\_\_\_

**Division of Corporations** 

PENMAN PLAZA ASSOCIATES, LLLP SUBJECT: \_\_\_\_\_

(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: JOSHUA CLIFTON

(Contact Person)	
BROOKS REHABILITATION	
(Firm/C	ompany)
3599 UNIVERSITY BLVD. S	
(Addr	(23)
JACKSONVILLE, FL 32216	
(City, State ar	id Zip Code)
For further information concerning this n	natter, please call:
JOSHUA CLIFTON	904 345-7008 )
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	ount:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fec and Certified Copy 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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## CERTIFICATE OF DISSOLUTION FOR

## PENMAN PLAZA ASSOCIATES, LLLP

(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 26, 1990 \_\_\_\_\_, assigned Florida \_\_\_\_\_, hereby submits this Certificate of document number A30743 Dissolution.

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

PARTNERSHIP IS NO LONGER IN OPERATIONS

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

**THIRD:** Effective date, if other than the date of filing: <u>05/15/2020</u> (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.

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

80

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

## 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: PENMAN PLAZA ASSOCIATES, LLLP

Description of information that must be included in a claim:

A CLAIM AGAINST THE ABOVE NAMED PARTNERSHIP WILL BE BARRED UNLESS A

PROCEEDING TO ENFORCE THE CLAIM IS COMMENCED WITHIN 4 YRS AFTER THE FILING

OF THIS NOTICE.

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

3599 UNIVERSITY BLVD, S

JACKSONVILLE, FL 32216

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:

DOUGLAS M BAER

Printed Name

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