## 430904

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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B. BOSTICK

MAY - 1 2014

EXAMINER



ION SERVICE COMPANY		
ACCOUNT NO.	: 12000000195	
REFERENCE	: 0997487 4728029	
AUTHORIZATION	mellodena	ر
COST LIMIT		
ORDER DATE : April 18, 2014		
ORDER TIME : 9:27 AM	**PLEASE FILE 2ND***	
ORDER NO. : 099748-005		
CUSTOMER NO: 4728029		
DOMESTIC F	ILINGS	
NAME: LECCESE SOUTH	VILLAGE, LTD.	
XX ARTICLES OF DISSOLUTION		£.: Ka
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:	- 174. - 174.
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD ST	ANDING	
CONTACT PERSON: Susie Knight	- EXT# 52956	

EXAMINER'S INITIALS:

## CERTIFICATE OF DISSOLUTION FOR

LECCESE SOUTH VILLAGE, 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 December 12, 1990, assigned Florida document number A 1000, hereby submits this Certificate of Dissolution.
FTRST: Reason for dissolution: (State why partnership is submitting dissolution)
Buyout of CAROLYN LECCESE's (Limited Partner), interests for TEN and
00/100 DOLLARS (\$10.00) and other good and valuable consideration.
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)
THIRD: Effective date, if other than the date of filling:
(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.:
Filing Fee: S52.50 Certified Copy (optional): S52.50
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:

LECCESE SOUTH VILLAGE, LTD.	
Description of information that must be include	led in a claim:
DESCRIPTION AND DATES OF CLA	AIMS
Mailing address where claims can be sent: (C Department of State.)	laims cannot be sent to the Florida
LECESSE DEVELOPMENT CORP.	
650 SOUTH NORTHLAKE BLVD., SI	UITE 450
ALTAMONTE SPRINGS, FLORIDA 3	32701
A claim against the above named limited partr partnership will be barred unless a proceeding 4 years after the filing of the notice.	nership or limited liability limited to enforce the claim is commenced within
Signature of a general partner or a principal of	
SALVADOR F. LECCESE	In Flum
Printed Name	Signature
Fee: No charge if included with Certificate \$52.50.	of Dissolution. If filed separately,