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CLERK OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantic Pines Apartments, 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:

Tim D. Haines
(Contact Person)
Gray, Ackerman & Haines, P.A.
(Firm/Company)
105 NE 1st Ave., Ste. 1
(Address)
Ocala, FL 34470
(City, State and Zip Code)

For further information concerning this matter, please call:

Tim D. Haines at (352) 732-8121
(Name of Contact Person) (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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**CERTIFICATE OF DISSOLUTION
FOR
ATLANTIC PINES APARTMENTS, LTD.
A FLORIDA LIMITED PARTNERSHIP**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida Limited Partnership, whose certificate was filed with the Florida Department of State on May 4, 1992, hereby submits this Certificate of Dissolution.

FIRST: REASON FOR DISSOLUTION:

The Limited Partnership is dissolved pursuant to Florida Statutes 620.1801(b) upon the consent of all General Partners and all Limited Partners of the Limited Partnership.

SECOND:

The Operating General Partner of the Limited Partnership, Florida Low Income Housing Associates, Inc., a Florida not-for-profit corporation, is expressly authorized to wind up the affairs of the Limited Partnership, and to distribute all assets of the same to its sole remaining Partner, Florida Low Income Housing Associates, Inc.

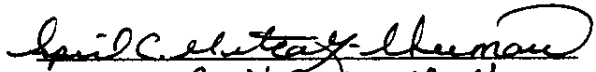
THIRD:


The effective date of the dissolution of the Limited Partnership is January 1, 2009.


The undersigned as the sole General Partner, and the sole remaining Limited Partner of the Limited Partnership, hereby executes this Certificate of Dissolution as of the 28th day of January, 2009.

Signed and sealed in our presence as witnesses:

**FLORIDA LOW INCOME HOUSING
ASSOCIATES, INC., A FLORIDA NOT-FOR-
PROFIT CORPORATION**


Print Name: April C. Metcalf-Sherman


Print Name: Debra N. Vergara

By: 
Print Name: William A. Rodriguez
Its: PRESIDENT

FILED

STATE OF FLORIDA
COUNTY OF MARION

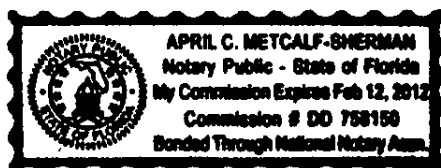
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this 30 day of January, 2009, by Bill Rodriguez, as president for Florida Low Income Housing Associates, Inc., who is:

☒ personally known to me or who

☐ has produced _____ as identification.



Sign

April C. Metcalf-Sherman

Print

April C. Metcalf-Sherman

Notary Public, State of Florida

Commission Expiration: 2-12-2012

Commission No.: DD 758150