## A33352

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(Address)
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(Business Entity Name)
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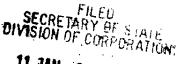
11 JAN -6 AM (1: 09

N. Culligan JAN 10 2011

## COVER LETTER

ij.

TO: Registration Division of C					
SUBJECT: Collie	er Health Park, Lto Florida Limited Partnershi	d. p or Lim	ited Liability	Limit	ed Partnership)
The enclosed Certifi	icate of Dissolution an	d fee(s)	are submi	tted f	or filing.
Please return all cor	respondence concernir	ng this r	natter to:		
	Sandra Mahoney				
(Contact Person)					
Collie	r Enterprises Manageme	nt. Inc.			
(Firm/Company)					
2000	Tourisms Taril North Co	34.5 ADD			
3003 Tamiami Trail North, Suite 400 (Address)					
	(Addicas)				
Naples, FL 34103					
(City, State and Zip Code)					
For further informat	ion concerning this ma	atter, pl	ease call:		
Linda Cannarsa		at (	239	)	261-4455
(Name of Contact Person)			(Area Code and Daytime Telephone Number)		
Enclosed is a check	for the following amo	unt:			
☑ \$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status		05.00 Filing I certified Copy		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section			Registration Section		
Division of Corporations			Division of Corporations		
Clifton Building			P. O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32301			Tallahassee, FL 32314		



## CERTIFICATE OF DISSOLUTION FOR

11 JAN -6 AHIT: 09

Collier Health Park, Ltd.					
(Name of Florida Limited F	Partnership or Limited Liability Limited Partnership)				
partnership or limited liability limit	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 6/30/92, assigned Florida, hereby submits this Certificate of				
FIRST: Reason for dissolution: (	State why partnership is submitting dissolution)				
The limited partnership has disposed of	of all of its assets and has ceased doing business.				
SECOND: A Notice of Disso (Check box if atta					
THIRD: Effective date, if other than the	date of filing:				
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida				
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to				
Mun .					
Robert D. Corina VP of Collier Management Se General Partner	ervices, Inc.				
Dilina Foot	\$52.50				
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50				
Certificate of Status (optional):	\$8.75				