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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

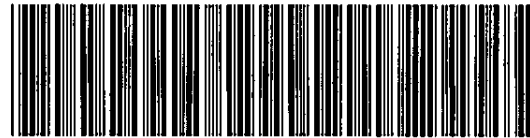
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KISSIMMEE OSCEOLA LAND ASSOCIATES, 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:

KRISTY WHITE

(Contact Person)

AHG GROUP

(Firm/Company)

700 WEST MORSE BOULEVARD, SUITE 220

(Address)

WINTER PARK, FLORIDA 32789

(City, State and Zip Code)

For further information concerning this matter, please call:

KRISTY WHITE

(Name of Contact Person)

at (407) 691-5613

(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

**CERTIFICATE OF DISSOLUTION
FOR**

KESSIMMEE OSCEOLA LAND ASSOCIATES, 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 NOVEMBER 2, 1992, assigned Florida document number A9200000017, hereby submits this Certificate of Dissolution.

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

PARTNERSHIP IS NO LONGER ACTIVE

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.:

SAS Wellington Woods Managers, LLC, a Florida Limited Liability Company, its General Partner

By: Southern Affordable Services, Inc., its Manager

By: _____

Jay Block, Vice President

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

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