

A9200000202

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000011330 3)))



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GILLIGAN, KING & GOODING, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

DISS/TERM/CANCEL/REV OF LP/LLP
STONECREST OF MARION COUNTY, LTD.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$113.75

RECEIVED
13 JAN 16 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 JAN 16 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

B. BOSTICK
JAN 17 2013
EXAMINER

(H13000011330 3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stonecrest of Marion County, 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:

W. James Gooding III
(Contact Person)

Gilligan, King & Gooding, P.A.
(Firm/Company)

1531 SE 36th Avenue
(Address)

Ocala, Florida 34471
(City, State and Zip Code)

For further information concerning this matter, please call:

W. James Gooding III at (352) 867-7707
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

Stonecrest of Marion County, 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 7, 1992, assigned Florida document number A9200000202, hereby submits this Certificate of Dissolution.

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

Partnership has completed activities and all partners have consented to dissolution.

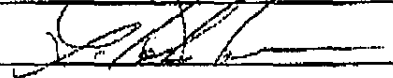
SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

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.:

Stonecrest Management, Inc. as General Partner



L. Hall Robertson, as President

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

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**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:

Stonecrest of Marion County, Ltd.

Description of information that must be included in a claim:

Identity of claimant; address, telephone number and, if available, email address of claimant; amount of claim (broken down as principal and, if applicable, interest and other amounts); basis of claim; date claim arose; documents that establish claim; if applicable, identity of attorney representing claimant.

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

W. James Gooding III, Esquire, Gilligan, King & Gooding, P.A., 1531 SE 36th Avenue, Ocala, FL 34471

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:
Stonecrest Management, Inc., a Florida corporation, as General Partner,
by L. Hall Robertson, as President

Printed Name

Signature

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

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STATE OF FLORIDA
TALLAHASSEE

01/16/2013 16:35
850-617-6381

3528670237

GKG LAW FIRM

PAGE 01/05

1/16/2013 9:23:34 AM PAGE 1/001 FAX Server



January 16, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STONECREST OF MARION COUNTY, LTD.
11560 S.E. 176TH PLACE ROAD
SUMMERFIELD, FL 34491

SUBJECT: STONECREST OF MARION COUNTY, LTD.
REF: A92000000202

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H19000011330
Letter Number: 613A00001212

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