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DISS/TERM/CANCEL/REV OF LP/LLP THE LANDINGS AT TIMBERLEAF LIMITED PARTNERSHIP

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J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

TALLANDS OF THE OF SUBJECT: The Landings at Timberleaf Limited Partnership (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: Teresa C. Behan (Contact Person) JDF, LLC (Firm/Company) 340 Pemberwick Road, 3rd floor, Greenwich, CT 06831 (Address) Greenwich, CT 05831 (City, State and Zip Code) For further information concerning this matter, please call: Teresa C. Behan) 869-0900 203 (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓ \$52.50 Filing Fee ☐\$61.25 Filing Pee \$105.00 Filing Fee \$113.75 Filing Fec, and Certificate of Certified Copy, and and Certified Copy Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building

P. O. Box 6327

Tallahassee, FL 32314

ALLE ON BOOK

CERTIFICATE OF DISSOLUTION FOR

| The Landings at Timberleaf (Name of Florida Limited Page) | armership or Limited Liability Limited Partnership) | |
|---|---|--|
| partnership or limited liability limite | n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the sember 29, 1992, assigned Florida, hereby submits this Certificate of | |
| FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Entity is no longer needed since properly was sold | | |
| | | |
| | | |
| | | |
| 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 | |
| Filing Fee: | \$52.50 | |
| Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$8,75 | |
| zer untrate or bilitia (obitolist); | 30./3 | |