

2/9/2021

Division of Corporations

# A9300000491

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

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP  
Account Number : I20160000081  
Phone : (407)839-4277  
Fax Number : (407)839-4264

### DISS/TERM/CANCEL/REV OF LP/LLP HOMESTEAD HOUSING PARTNERSHIP I, LTD.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$52.50 |

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FEB 10 2021  
T. LEMIEUX



CERTIFICATE OF DISSOLUTION FOR

Homestead Housing Partnership I, 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 January 17, 2007, assigned Florida document number A93000000491, hereby submits this Certificate of Dissolution.

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

The Partnership is being dissolved pursuant to the consent of all general partners and limited partners.

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

THIRD: Effective date, if other than the date of filing: upon 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

GENERAL PARTNER:

RMS GP, LLC

By: [Signature] Name: Samantha Anderes Title: Assistant Treasurer

CO-GENERAL PARTNER:

TACOLCY HHP, INC.

By: Name: Title:

21 FEB -9 AM 9:11

**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:  
Homestead Housing Partnership I, Ltd.

Description of information that must be included in a claim:

The following information must be included in a claim: name, address and telephone number of the person  
\_\_\_\_\_ or entity making the claim; date the claim was incurred; and a description of the claim.  
\_\_\_\_\_

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

c/o JDF, LLC

777 W. Putnam Avenue

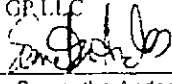
Greenwich, CT 06830

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:

GENERAL PARTNER:

RMS GP, LLC

By: 

Name: Samantha Anderes

Title: Assistant Treasurer

CO-GENERAL PARTNER:

TACOLCY HHP, INC.

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_