(Requestor's Name)	
(Address)	800326381
(Address)	000320301
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	03/21/19010100
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	Massia E

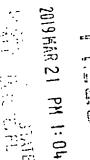
Office Use Only

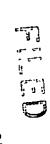


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• COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Silver tree Apartments 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: (Contact Person)
HPI Proposta Management Inc.
Pasox 31417 (Address)
Charleston SC 29417 (City, State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (843) 853-6311 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee \$\bigcup \\$61.25 Filing Fee and Certificate of Status \$\bigcup \\$105.00 Filing Fee &\bigcup \\$113.75 Filing Fee, Certified Copy, and Certificate of Status

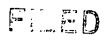
STREET ADDRESS:

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



(Name of Florida Limited Partnership or Limited Liability Limited Partnership)
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) SECTION OF TAKE
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 1025 1993, assigned Florida document number A9300001101, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
The partnership sold all its holdings in the state of FL
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: 3 13 2019 (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.:
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75