

A94000000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

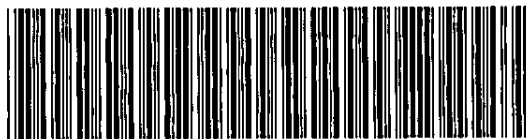
(Business Entity Name)

(Document Number)

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DEC 27 2012
T. HAMPTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 470822 7788923

AUTHORIZATION :

Spudde man

COST LIMIT : \$ 52.50

ORDER DATE : December 21, 2012

ORDER TIME : 9:32 AM

ORDER NO. : 470822-285

CUSTOMER NO: 7788923

DOMESTIC FILINGS

NAME: CMS CORDOVA REGENCY
ASSOCIATES, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER'S INITIALS: _____

**CERTIFICATE OF DISSOLUTION
FOR**

CMS CORDOVA REGENCY 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 JANUARY 13, 1994, assigned Florida document number A940000077, hereby submits this Certificate of Dissolution.

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

The entity is no longer doing business.

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

THIRD: Effective date, if other than the date of filing: 12/31/2012

(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.:

By: CMS Cordova GP, LP its GP


By: MSPS Entrepreneurial III, Inc. its GP

BY: Donna M. Rittershausen, VP

Signature of a general partner or a principal of the successor entity:

Donna M. Rittershausen
Printed Name

Authorized Signer


Signature

filing fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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