Division of Corporation: 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.

(((H11000154975 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Pax Number

: (850)878-5368

DISS/TERM/CANCEL/REV OF LP/LLP NHPAHP AFFORDABLE HOUSING CORPORATION

5

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

A. LUNT

JUN 13 2010

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT: NHPA	HP Affordable Housing II	Limited Partnershi	i _i :		
	of Florida Limited Partners			nited Partnership)	
The enclosed Certi	ficate of Dissolution a	nd fee(s) are su	limitted	for filing.	
Please return all co	rrespondence concern	ing this matter (ter		
Kriston Wagner					INCL SEC
	(Contact Person)				い流
Ocwen Luan Servicing, LLC					ASA SE
	(Firm/Company)				SAY CA
1661 Worthington Ros	sd, Suite 100				E.O
	(Address)				~ × ×
West Palm Beach, FL	334/10				10 PH 12: 1 RY OF STATE SEE. FLORID
West Fattil Death, F.D.	(City, State and Zip Code				DF: 45
	(City, State and Esp Code	,			_
For further informa	ntion concerning this n	atter, please ca	1 1:		
Kristen Wagner		at (⁵⁶¹) 682·	-7011	
(Name of Cor	ntact Person)	(Area C	cile and D	Daytime Telephone Nur	nber)
Enclosed is a check	for the following amo	ount:			
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Fill and Certified (S113.75 Filing For Certified Copy, and Certificate of Status	l
STREET ADDRE	SS:	MA]	ILING A	ADDRESS:	
Registration Section		Registration Section			
Division of Corporations				Corporations	
Clifton Building		P. O. Box 6327			
2661 Executive Center Circle		· Talla	iassee,	FL 32314	
Tallahassee, FL 32301					

CERTIFICATE OF DISSOLUTION FOR

NHPAHP Affordable Housing II Limite	zd Partnership	
(Name of Florida Limited	Partnership or Limited Liability Limited Partnership)	
partnership or limited liability lim Florida Department of State on D	ion 620.1203, Florida Statutes, this Florida limited aited partnership, whose certificate was filed with the ecember 6, 1995 B. assigned Florida B. hereby submits this Certificate of	
FIRST: Reason for dissolution:	(State why partnership is submitting dissolution)	
The company is no longer conducting bu	isiness.	
		— Ā
		100 P
SECOND: A Notice of Diss		7 3 m
(Check box if att	ached.)	
THIRD: Effective date, if other than the	date of filing:	Dm (4)
(Effective date cannot be prior to nor mo. Department of State.)	re than 90 days after the date this document is filed by the Flor	rida
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
100		
Richard Delgado, SVP & Treasure Ocwen Loan Servicing, LLC, as g		_
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50 \$9.75	
Certificate of Status (optional):	\$8.7 5	

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 Partn	ership or Limited Liability Limited Partnership:			
NHPAHP Affordable Housing II Limite	d Partnership			
Description of information that m	ust be included in a claim:			
Name of claimant and amount of alleged	claim			
Subject: Claim against	; copy of instrument/contract, if any			
Detailed description of the nature of claim	n, including date(s) and parties			
Contact information (mailing address, pho	one number, fax number and/or e-mail address)			
Mailing address where claims can Department of State.)	be sent: (Claims cannot be sent to the Florida			
Dowen Loan Servicing, LLC				
Attention: Legal Department				
661 Worthington Road, Suite 100				
West Palm Beach, FL 33409				
	mited partnership or limited liability limited proceeding to enforce the claim is commenced within			
ignature of a general partner or a sichard Delgado, SVP & Treasure	k of "			
owen Losn Servicing, LLC, as gener	al partner			
Printed Name	Signature			
ee: No charge if included with Certificate of Dissoluti: n. If filed separately, 52.50.				

PLO44 - DO/Z2/ZUGH C T Bysichi Ordine