

A96000000114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

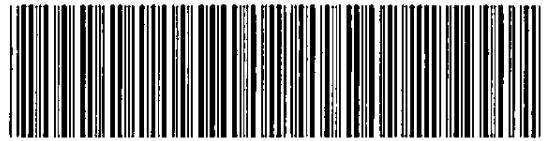
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 FEB 28 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

MAR 20 2024

D CUSHING

Root.

275 Clyde Morris Boulevard
Ormond Beach, Florida 32174
Tel 386 671 4888
Fax 386 671 3888

February 23, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Root ASLI II, Ltd.
A96000000114

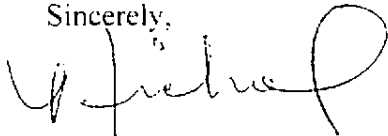
To whom it may concern:

Please find enclosed the following documents to be filed with your office for the dissolution of the above referenced corporation.

Cover Letter
Certificate of Dissolution
Notice of Dissolution for Florida Limited Partnership
Check # 001005 in the amount of \$52.50

Should you have any questions or need additional information, please do not hesitate to contact me directly at (386) 671-4915.

Sincerely,



Nichol Cox
Executive Administrative Assistant

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Root ASLI II, Ltd.
(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:
Nichol Cox

(Contact Person)

Root Company

(Firm/Company)

275 Clyde Morris Blvd

(Address)

Ormond Beach, FL 32174

(City, State and Zip Code)

For further information concerning this matter, please call:

Nichol Cox

(Name of Contact Person)

at (386)

(Area Code)

671-4915

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$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

SECRETARY OF STATE
TALLAHASSEE, FL

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**CERTIFICATE OF DISSOLUTION
FOR**

Root ASLJ II, 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 16, 1996, assigned Florida document number A9600000114, hereby submits this Certificate of Dissolution.

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

All assets held by this partnership have been liquidated.

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

THIRD: Effective date, if other than the date of 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.:

Gregory S. Radikopf

Gregory S. Radikopf, Treasurer

Root Real Estate Corp., its General Partner

Donna M. Bartholomew

Donna M. Bartholomew, Manager

RDT, LLC, its General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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CLERK OF STATE
TALLAHASSEE, FL

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**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:
Root ASL II, Ltd.

Description of information that must be included in a claim:

Identity of claimant (along with contact information)

Basis for the claim, including events giving rise to the claim.

Date of the claim and the amount of the claim.

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

Attn: Gregory S. Radikopf

275 Clyde Morris Blvd

Ormond Beach, FL 32174

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:

Gregory S. Radikopf

Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

FILED
2024 FEB 28 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FL