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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: GRANT, FRIDKIN, PEARSON, ATHAN &

Account Number : 076402003516

Phone

: (239)514-1000

Fax Number

; (239)514-0377

DISS/TERM/CANCEL/REV OF LP/LLP ARBOR VIEW, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

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EXAMINER

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CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P	Partnership or Limited Liability Limited P	artnership)	_	•
Pursuant to the provisions of section partnership or limited liability limited liability limited partnership or limited liability limited partnership of State on Madocument number A86000000837 Dissolution.	ted partnership, whose certificate v y 1, 1996, a	vas filed with the ssigned Florida		
FIRST: Reason for dissolution: (State why partnership is submitting	dissolution)		
Arbor View, Ltd. is no longer engaged	In business.			
		Torre		
SECOND: A Notice of Disso (Check box if atta		AHASSEC	DEC 23 AM	The second of th
THIRD: Effective date, if other than the	date of filing: Effective December 31,	2010	-• G#	Mic 13
(Effective date cannot be prior to ποτ mor Department of State.)	e than 90 days after the date this docume	at is filed by the Flori	ida co	,
Signatures of each general partner (s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	,	٠,	ı
Arbor View, Inc. General Par	tner			ر به
Gregory Erdman, President			_	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			
		Fax Audit#H10)000275:	3033

\$52,50.

Fax Audit #H100002753033

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: Arbor View, Ltd. Description of information that must be included in a claim: 1. Name and address of claimant. Reasonable description of the claim. The date the claim arose. 4. Estimated amount of claim. Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Arbor View, Inc. ME co. Attn: Gregory Erdman, President Car. 3401 Pelican Landing Parkway, Suite 2 Bonita Sprints, FL 34134 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 ArborView, Inc. Gen!! Partner By: Gregory Erdman Signature Printed Name

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