

A96000001170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

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10/13/06--01002--012 **8.75

10/13/06--01002--010 **52.50

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06 OCT 12 PM 3:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
06 OCT 12 AM 9:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

October 12, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
06 OCT 12 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6755945 SO
Customer Reference 1: none given
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

VCH Oaks, Ltd. (FL)
Cancellation
Florida

VCH Oaks, Ltd. (FL)
Obtain Document - Misc - Certified copy of the dissolution
Florida

VCH Oaks, Ltd. (FL)
Certificate of Status-Domestic
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

**CERTIFICATE OF DISSOLUTION
FOR**

VCH OAKS, 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 06-21-96, hereby submits this Certificate of Dissolution.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The partnership is dissolved by partner's consent and
has completed winding up its business.

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

VCH Oaks, Inc., general partner

by: _____



Susan Werth

Sr. Vice President/Law

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