

A9800000067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

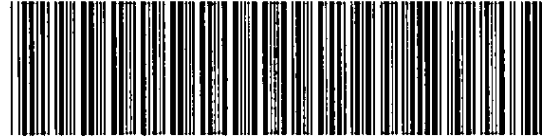
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800400669488

01/24/23--01025--002 \*\*52.50

FILED  
2023 JAN 24 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE FL

*Dissolution*

MAR 28 2023

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARKLAND EDUCATION ASSOCIATES, 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:  
JAMES WALDMAN

\_\_\_\_\_  
(Contact Person)

KEISER UNIVERSITY

\_\_\_\_\_  
(Firm/Company)

1900 W COMMERCIAL BLVD., SUITE 180

\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FLORIDA 33309

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES WALDMAN at ( 954 ) 776-4476 EXT. 106  
(Name of Contact Person) (Area Code) (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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327

2023 JAN 24 AM 11:51  
 SECRETARY OF STATE  
 TALLAHASSEE  
 FILED

**CERTIFICATE OF DISSOLUTION  
FOR**

PARKLAND EDUCATION 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 07, 1998, assigned Florida document number A98000000067, hereby submits this Certificate of Dissolution.

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

CORPORATION CLOSED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2023 JAN 24 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

**Filing Fee:** \$52.50