A98000000588

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



500310806795

04/17/18--01012--004 **17.50

03/23/18--01016--011 **35.00

ECRETARY OF STATE TALLAHASSEE, FLORIDA

T I I



March 26, 2018

CHANDRA MENDOZA 13361 ATLANTIC BLVD JACKSONVILLE, FL 32225

SUBJECT: MAYPORT AFFORDABLE HOUSING PARTNERS, LTD.

Ref. Number: A9800000588

We have received your document for MAYPORT AFFORDABLE HOUSING PARTNERS, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 518A00006044

RECEIVED

COVER LETTER

TO: A'mendment Section Division of Corporations

Mayport Affordable Housing Partners, LTD							
DOCUMENT NU	A98000000588 OCUMENT NUMBER:						
The enclosed Artic	cles of Dissolution and	fee are submitted for filin	g.				
Please return all co	orrespondence concerning	g this matter to the follow	ving:				
	Chandr	a Mendoza					
	(Name of	Contact Person)					
(Firm/Company)							
13361 Atlantic Blvd							
	(A	Address)					
Jacksonville, FL 32225							
	(City/Sta	ate and Zip Code)					
For further inform	ation concerning this ma	atter, please call:					
Chandr	a Mendoza	904-220-0399 at (
(Name o	of Contact Person)		(Daytime Telephone Number)				
Enclosed is a chec	k for the following amo	unt:					
■ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
	ADDRESS:	STREET ADDRESS:					

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

May port Affordable	Housing	partners, 1	<u>-td</u>	
(Name of Florida Limited Partnership or	Limited Liability L	Limited Partnership)		
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on 3 document number § 490000058 Dissolution.	ed partnership, w	yhose certificate w	vas filed with the ssigned Florida	;
FIRST: Reason for dissolution: (S	tate why partner	rship is submitting	dissolution)	
Property Sold Comp	any no lor	nger in bu	siness ·	
SECOND: A Notice of Dissol (Check box if at		l.		
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	than 90 days after not meet the applic	cable statutory filing i	requirements, th <u>is</u> d	
Signatures of each general partner or the pe	erson appointed pur	rsuant to s. 620.1803(AHASSEE, FLOOr (4), F.S.: FLOOr (2)	FILED APR 17 AB (
	_ _		XIII	9.59 —
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			