

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000022277 3)))

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To: Division of Corporations
Fax Number : (850) 617-6383

RESUBMIT

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Please give original
submission date as file date.

**DISS/TERM/CANCEL/REV OF LP/LLP
PROVIDENCE PLACE APARTMENTS LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 26 AM 8:30

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B. BOSTICK
FEB - 1 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Providence Place Apartments Limited Partnership
(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:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

at (_____) _____
(Area Code and 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

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**Providence Place Apartments Limited Partnership

(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 April 8, 1998, assigned Florida document number A98000000886, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)No longer doing 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.:

Providence Place Apartments Limited Partnership
By: Providence Place Apartments, Inc., general partner
By: Dawn Bryan-Aggins, Asst. Sec'y.

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

12 JAN 26 AM 6:30
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TALLAHASSEE, FLORIDA

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January 27, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PROVIDENCE PLACE APARTMENTS LIMITED PARTNERSHIP
1251 AVE OF THE AMERICAS
35TH FLOOR
NEW YORK, NY 10020

SUBJECT: PROVIDENCE PLACE APARTMENTS LIMITED PARTNERSHIP
REF: A98000000886

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must include a description of the information that must be included in a claim.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

FAX Aud. #: H12000022277
Letter Number: 012A00002416

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