

A98000002185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

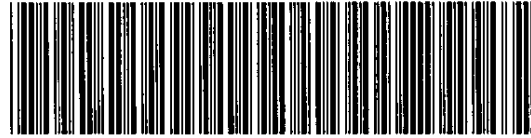
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200298683512

05/12/17--01010--030 \*\*61.25

FILED

2021 MAY 12 A 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 26 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

THOMAS N. TOMPKINS  
PO BOX 450086  
KISSIMMEE, FL 34745

SUBJECT: WOODCREEK APARTMENTS, LTD.  
Ref. Number: A98000002185

We have received your document for WOODCREEK APARTMENTS, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 717A00009759

FILED

2021 MAY 12 A 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WOODCREEK APARTMENTS, 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:

THOMAS N. TOMPKINS

(Contact Person)

WOODCREEK APARTMENTS LTD

(Firm/Company)

PO BOX 450086

(Address)

KISSIMMEE, FLORIDA 34745

(City, State and Zip Code)

2021 MAY 12 A 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

THOMAS N. TOMPKINS at ( 407 ) 870-2450  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

**CERTIFICATE OF DISSOLUTION  
FOR**

WOODCREEK APARTMENTS 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 09/18/1998, assigned Florida document number A98000002185, hereby submits this Certificate of Dissolution.

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

THE PARTNERSHIP HAS CONCLUDED ALL 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 with the Florida Department of State.)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

2021 MAY 12 A 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

WOODCREEK APARTMENTS LTD

Description of information that must be included in a claim:

ALL CLAIMS MUST INCLUDE DATE, TIME, LOCATION AND DETAILED DESCRIPTION OF ANY  
CLAIM ALONG WITH ANY ASSOCIATED COSTS.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

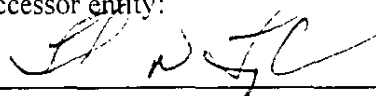
POST OFFICE BOX 450086, KISSIMMEE, FLORIDA 34745

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:

THOMAS N. TOMPKINS

Printed Name

  
Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**