

A98000002435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

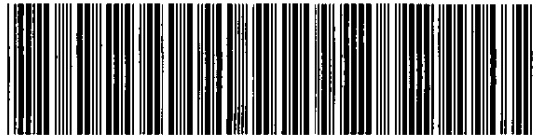
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300152674273

04/27/09--01016--003 **25.00

04/27/09--01016--004 **27.50

FILED
09 APR 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

APR 28 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Azalea Place Apartments, Limited
(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:

Joan Manna Upchurch
(Contact Person)

Transom Development, Inc.
(Firm/Company)

8521 Six Forks Road, Suite 200
(Address)

Raleigh, NC 27615
(City, State and Zip Code)

For further information concerning this matter, please call:

Joan Manna Upchurch at (919) 870-4713
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

FILED
09 APR 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Azalea Place Apartments, Limited

(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 10/26/98, assigned Florida document number A98000002435, hereby submits this Certificate of Dissolution.

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

This entity was the owner of an apartment complex that was sold on 5/14/08. The entity has ceased
doing any business in Florida.

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: NA

(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.:

Aleta J. Hodges
Aleta J. Hodges, V.P. of
CDC Manager, Inc., Mgr. of
CDC Azalea GP, LLC, its
General Partner

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

FILED
09 APR 27 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA