A98000003538

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 379344 AUTHORIZATION COST LIMIT ORDER DATE : August 6, 2020 ORDER TIME : 10:0 AM ORDER NO. : 379344-030 CUSTOMER NO: 7866158 DOMESTIC FILINGS NAME: SEMINOLE CO. STATE ROAD 46, LTD. XX ARTICLES OF DISSOLUTION

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFICATE OF GOOD STANDING

CERTIFIED COPY
XX PLAIN STAMPED COPY

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Co	orporations			
()	Sominala Co. Stata Board	146 140		
SUBJECT: Seminole Co. State Road 46, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)			v Limited Partnership)	
			, ,	
	Certificate of Dissolution a Ill correspondence concernancetta		nitted for filing.	
	(Contac	t Person)		
Lakeside Capita	al Advisors LP			
	(Fimi/C	lompany)	· · ·	
30 S. Wacker D	Or. Ste 2750			
	(Addi	ress)		
Chicago, IL 606	506			
	(City, State ar	nd Zip Code)		
For further info	ormation concerning this m	natter, please call;		
Adrienne A. Ciancetta		at (at (879-7548	
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a c	theck for the following amo	ount:		
■\$52.50 Filing	Fee \$61.25 Filing Fee and Certificate of Status	S105.00 Filing land Certified C		
STREET ADDRESS:		MAIL	ING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle			P. O. Box 6327 Tallahassae El 32314	
2001 Executive Center Circle		Tallahassee, FL 32314		

CERTIFICATE OF DISSOLUTION FOR

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with the Florida
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by the Florida
nts, this date will
F.S.:

- 4C 14-1
d 46, Ltd. ' LLC, its General Partr

\$8.75

Certificate of Status (optional):

By: LCA GP LLC, a General Partner By: Michael J. Hornbrook, its President

By: Lakeside Capital Advisors LP, its Sole Member

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 L Seminole Co. State Road 46, Ltd.	imited Liability Limited Partnership:
Description of information that must be included	uded in a claim:
Nature of the Claim	
Mailing address where claims can be sent: (c	Claims cannot be sent to the Florida Department of State.)
Attn: Lakeside Capital Advisors LP	
30 S. Wacker Drive Ste 2750	
Chicago, IL 60606	
A claim against the above named limited par will be barred unless a proceeding to enforce 4 years after the filing of the notice.	the claim is commenced within
Signature of a general partner or a principal o	of the successor entity:
Michael J. Hornbrook, President	W III-kk
Printed Name	Signature

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

Seminole Co. State Road 46, Ltd.

By: Lakeside Capital GP LLC, its General Partner

By: Lakeside Capital Advisors LP, its Sole Member

By: LCA GP LLC, a General Partner By: Michael J. Hornbrook, its President