

A98000002650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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17 DEC 18 PM 14:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 2017

Y SULKER

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** CEDAR GROVE 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:  
Legal Department

(Contact Person)

Pinnacle c/o:

(Firm/Company)

5055 Keller Springs Road, Suite 400

(Address)

Addison, Texas 75001-6208

(City, State and Zip Code)

For further information concerning this matter, please call:

Jeannie Shipley, Paralegal

at ( 214 ) 891-7819

(Name of Contact Person)

(Area Code)

(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

**CERTIFICATE OF DISSOLUTION  
FOR**

CEDAR GROVE 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 12/1/1998, assigned Florida document number A98000002650, hereby submits this Certificate of Dissolution.

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

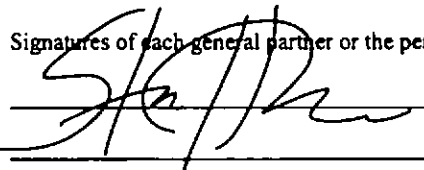
Asset sold

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

**THIRD:** Effective date, if other than the date of filing: December 31, 2017  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Stanley J. Harrelson

Manager/Member

CAH-IDA Cedar Grove LLC

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

RECEIVED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

17 DEC 18 PM 4:19

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**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:  
CEDAR GROVE APARTMENTS, LTD.

Description of information that must be included in a claim:

CLAIM#, AMOUNT, CLAIMANT INFORMATION INCLUDING CONTACT INFORMATION

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

Legal Department c/o: Pinnacle

5055 Keller Springs Road, Suite 400

Addison, Texas 75001-6208

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:

Stanley J Harrelson Manager/Member

Printed Name

Signature

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

FILED  
17 DEC 18 PM 4:39  
CLERK OF STATE  
TALLAHASSEE FLORIDA