

AA9000000885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

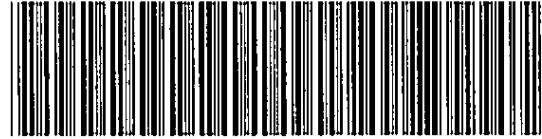
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

MAR 28 2023

D CUSHING

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DAYTONA EDUCATION ASSOCIATES, 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:
JAMES WALDMAN

(Contact Person)

KEISER UNIVERSITY

(Firm/Company)

1900 W COMMERCIAL BLVD., SUITE 180

(Address)

FORT LAUDERDALE, FLORIDA 33309

(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES WALDMAN

954

776-4476 EXT. 106

at (

(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 E. ...

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32304

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

DAYTONA EDUCATION ASSOCIATES, 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 JUNE 02, 1999, assigned Florida document number A99000000885, hereby submits this Certificate of Dissolution.

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

CORPORATION CLOSED


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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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.: _____



Filing Fee:

\$52.50

Certified Copy (optional)

\$52.50

SECRETARY OF STATE
FLORIDA DEPARTMENT OF STATE

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