

A9900000 1908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

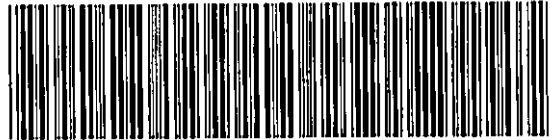
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/29/18--01019--035 **52.50

FILED
18 NOV 29 AM 11:16
TALLAHASSEE, FLORIDA

K SAI ✓

DEC - 3 2018

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Ashton Lake Apartments Limited Partnership

(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:

Jan Hefflinger

(Contact Person)

Ashton Lake Apartments Limited Partnership

(Firm/Company)

247 N Westmonte Dr

(Address)

Altamonte Springs, FL 32714

(City, State and Zip Code)

For further information concerning this matter, please call:

Jan Hefflinger

407

772-0200

at (

(Area Code)

(Daytime Telephone Number)

(Name of Contact Person)

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**

Ashton Lake Apartments Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

FILED
18 NOV 29 AM 11:16
STATE
OF FLORIDA

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 11/17/1999, assigned Florida document number A99000001908, hereby submits this Certificate of Dissolution.

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

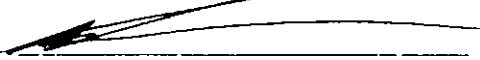
NO Longer Conducting Business

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

THIRD: Effective date, if other than the date of filing: November 30, 2018
(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.:



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