1+50995

| (Re | questor's Name) | |
|---|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| · | | , |
| | | |

Office Use Only



100139357121

12/31/08--01065--084 **52.50



JAN O & 2009

COVER LETTER

| TO: Registration Division of | n Section Corporations | | |
|---|---|--|--|
| SUBJECT: (Name of | NTS / Fort Lau | iderdale, L+d. hip or Limited Liability Limi | ited Partnership) |
| The enclosed Certi | ficate of Dissolution an | nd fee(s) are submitted t | for filing. |
| Please return all co | rrespondence concerni | ng this matter to: | |
| | (Contact Person) Development (Firm/Company) Linn Station (Address) Sville, KY L (City, State and Zip Code) | 10223 | 2008 DEC 3 1 AH 10: 33 |
| <u>.</u> | _ | • | 11. 4600 |
| (Name of Cor | ntact Person) | (Area Code and D | 26 - 4800 aytime Telephone Number) |
| Enclosed is a check | for the following amo | ount: | |
| ☐ \$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 A Registration Division of O P. O. Box 63 Tallahassee, | Section Corporations 27 |

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|---|
| | NTS/Sabal Residential, Inc. |
| SECOND: | The document number of the corporation (if known): H50995 |
| THIRD: | The date dissolution was authorized: December 22, 2008 |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) |
| FOURTH: | Adoption of Dissolution (CHECK ONE) |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. |
| | Dissolution was approved by the shareholders through voting groups. |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: |
| | The number of votes cast for dissolution was sufficient for approval by The number of votes cast for dissolution was sufficient for approval by AHE DEC SSR 3 |
| | (voting group) |
| | AM 10: 33 |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| | Brian F. Lavin |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

NTS/Sabal Residential, Inc.

Name of Corporation:

| Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. | | |
|--|------------------|----------|
| Description of information that must be included in a claim: | | |
| 1. The basis for the claim | | |
| 2. The date of the claim | | |
| 3. The dollar amount of the claim | | |
| 4. The name, address and telephone number of the clair | nant | |
| 5. Reference: NTS/Sabal Residential, Inc. | | |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) | 2008 DEC 31 | entre de |
| Susan M. Howard | T) | AUR LEGG |
| NTS Development Company | | 1 |
| 10172 Linn Station Road | 6. (0. 3. | |
| Louisville, Kentucky 40223 | . ω | |
| | | |

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Susan M. Howard, VP

Printed Name of the Person Filing

Signature of the Person Filing