

LG1000002168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

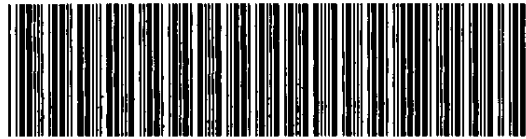
(Business Entity Name)

(Document Number)

Certified Copies _____ **Certificates of Status** _____

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16 MAY -3 AM 7:47
 SECRETARY OF STATE
 WASHINGTON, D.C.

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05/03/16

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2016 MAY -2 AM 10:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHPC Tallahassee Sunrise, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Westmoreland
(Name of Person)

Community Housing Partners
(Firm/Company)

448 Depot St NE
(Address)

Christiansburg, VA 24073
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Westmoreland at (540) 382-2882 ext 3322
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

CHPC Tallahassee Sunrise, LLC

2. The Articles of Organization were filed on February 9, 2001 and assigned

document number LD1000002115

3. The delayed effective date the dissolution if not effective on the date of filing: _____

(effective date cannot be prior to or more than 90 days later than date document is received for filing)

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.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

The dissolution was approved by the Member
of the Company by Written Consent on, and the
Company is hereby dissolved in accordance with
Section 605.0701(2) of the Florida Statutes.

5. If there are no members, enter the name and address of the person appointed to wind up the company,

activities and affairs:

Mary Westmoreland

448 Depot St NE

Christiansburg, VA 24073

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TALLAHASSEE, FLORIDA

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs: .

[Signature]
Signature

Jeffrey K. Reed, Sec/Treas
Printed Name

FILING FEE: \$25.00