

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0100 0016623**

1) Thistledown Housing Partners LLC;

2) Thistledown Housing Partners LLC

000004623190--8  
10/04/01 01028-025  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/4/01

Order#: 4826947

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

01 OCT -1, PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AND  
FILED

*JP*  
*10-5-01*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*fr*



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 4, 2001

CT CORPORATION SYSTEM

SUBJECT: THISTLEDOWN HOUSING PARTNERS LLC  
Ref. Number: L01000016623

We have received your document for THISTLEDOWN HOUSING PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following:

The effective day must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 001A00055681

APPROVED  
AND  
FILED  
01 OCT -4 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION**  
**FOR**  
**A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Thistledown Housing Partners LLC
2. The effective date of the limited liability company's dissolution is October 4, 2001
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

Upon written consent of all the members

**4. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**6. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature

Iwona E. Niece

Typed or Printed name

Iwona E. Niece, Authorized Representative of

Thistledown Equities LLC, Sole Member

01 OCT -4 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**Filing Fee: \$25.00**