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### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

CD119 Central Park, 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:

## Linda G Kassof

(Name of Person)

# Taurus Investment Holdings

(Firm/Company)

610 N Wymore Rd., Suite 200

(Address)

Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda G Kassof

(Name of Person)

<sub>...</sub>407 539-2310

(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 liabil CD119 Central Park, LLC	lity company is				
2.	The Articles of Organizatio	n were filed on	2006	and assigned		
	document number 10600004	4782				
3.	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 605.0707, Florida Statutes, (	that resulted in the lir	mited liability company's d	lissolution pursuant to section	I	
	The underlying properties were		in cover rettery.			
5.	If there are no members, en activities and affairs:	ter the name and addre Linda G Kassof Taurus Investment Ho			FILED 6: 05	
		610 N Wymore Rd., Suite 200				
		Maitland, FL 32751				
6. lis	Signature of an authorized parties ted above to wind up the cor	person or if there are n npany's activities and	o members, the signature caffairs:	of the person appointed and		
ţ	Enke Vilas	<u>/</u>	Linda G Kassof			
	Signature		Printe	d Name		

FILING FEE: \$25.00