# 13000163965

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			





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SECRETARY OF STATE
IALLAHASSEE, FLORING

Diss. w/ notice

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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

RJHOF 27- RJCHOF III Covenant Manor L.L.C.

(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:

William K. Budd

(Name of Person)

Raymond James Tax Credit Funds, Inc.

(Firm/Company)

880 Carillon Parkway, Dept. 20485

(Address)

Saint Petersburg, FL 33716

(City/State and Zip Code)

For further information concerning this matter, please call:

William K. Budd

(Name of Person)

at (727)
(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	ity company is		999, 6
	RJHOF 27- RJCHOF III Cove	nant Manor L.L.C.		
2.	The Articles of Organization	were filed on 11/22/2	013	and assigned
	document number L1300016	3965	_	
3.	The delayed effective date the (effective Note: If the date inserted in the listed as the document's effective date the document's effective date the document's effective date the document of the date	date cannot be prior to or mails block does not meet the	ore than 90 days later than date in a pplicable statutory filing i	document is received for filing) requirements, this date will not be
4.	A description of occurrence 605.0707, Florida Statutes, (	that resulted in the lim	ited liability company's di	ssolution pursuant to section
	605.0701(2)- This limited liabi	lity company is dissolved	and its activities and affairs	are being
	wound up with the consent o	fall of the members of the	is limited liability company.	
5.	If there are no members, ent	er the name and addres	s of the person appointed	to wind up the company's
	activities and affairs:	1071		
		····		
6. lis	Signature of an authorized p	erson or if there are no	members, the signature of	f the person appointed and
	······································		Steven J. Kropf- Pres	ident of Raymond James Tax
	$/\Lambda$		Credit Funds, Inc., tl manager of the limit	he sole member/manager of t ed liability company
	Signature		Printed	l Name
	4	FILING	FEE: \$25.00	

# Notice of Limited Liability Company Dissolution

### NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

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

Name of Limited Liability Company: RJHOF 27- RJCHOF III Covenant Manor L.L.C.
Document number of Limited Liability Company is: L13000163965
Date of dissolution was: 11/11/2015
Description of information that must be included in a written claim:
Name and address of person or entity owed the claim, the
amount of the claim, a detailed explanation of the basis
of the claim, and all supporting documentation relating to
the claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  c/o Raymond James Tax Credit Funds, Inc.  880 Carillon Parkway  Saint Petersburg, FL 33716

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00