## A020100001563

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(Requestor's Name)  (Address)	ECRETARY O LLAHASSEE,	F STATE FLORIDA	
(Address)		1000646290	61
(City/State/Zip/Phone #)	MAIL		
(Business Entity Name)  (Document Number)		01/27/0601048007	
Certified Copies Certificates of Statu	us	02/21/06010280 <b>0</b> 5	**17,50
Special Instructions to Filing Officer:			

Office Use Only



## FLORIDA DEPARTMENT OF STATE Division of Corporations

FILED

SECRETARY OF STATE

February 2, 2006

HELEN BREEDING BUTLER POINTE PLAZA LTD. 4141 SOUTHPOINT DR. E, STE. B JACKSONVILLE, FL 32216

SUBJECT: BUTLER POINTE PLAZA, LTD.

Ref. Number: A02000001563

We have received your document for BUTLER POINTE PLAZA, LTD. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due foreach certificate of status requested.

There is a balance due of \$17.50.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 606A00007758

## **COVER LETTER**

FILED

TO: Registration Section Division of Corporations Butler Pointe Paza, Utd

Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Helen Breeding
(Contact Person)

Butler Poink Plaza, Ltd
(Firm/Company)

4141 Southpoint Drive E., Ste. B
(Address)

Jacksonville, K 32216
(City, State and Zip Code) For further information concerning this matter, please call: at (904) 332-7099

(Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$61.25 Filing Fee and Certificate of Status (17.50) \$52.50 Filing Fee \$105.00 Filing Fee ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

**Division of Corporations** 

Tallahassee, FL 32314

P. O. Box 6327

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

## CERTIFICATE OF DISSOLUTION FOR

FILED

Butter Poink			៖ ស
(Name of Florida Limited P Pursuant to the provisions of sectio	artnership or Limited Li	iability Limited Partnership)	
Pursuant to the provisions of sectio	n 620.1203, Florida	Statutes, this Florida finited FLO	AIE RIDA
partnership or limited liability limit	ted partnership, who	se certificate was filed with the	·, •, p
Florida Department of State on	12/31/05	, hereby submits this	
Certificate of Dissolution.			
FIRST: Reason for dissolution: (S	State why partnershi	p is submitting dissolution)	
1 1 1 4 4	Ousiness		
IIIIISIWA	MOLLAS		-
			•
			-
			•
SECOND: A Notice of Disso	lution is attached.		
(Check box if attack	ched.)		
TIVETTE TOO IN LIKE 10 all on the other	1-4 F.C.U		
THIRD: Effective date, if other than the	date of filing:		
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the	date this document is filed by the Florida	
Signatures of each general partner	or the person appoin	ited pursuant to	
s. 620.1803(3) or 94), F.S.:		-	
Velou Preeding	as I/P		
The state of the s			
Putter tout	é Haya In	le	_
	_ 0 _		
	<del>-</del>		-
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50 \$52.50		
Certificate of Status (optional):	\$8.75		