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(C	ity/State/Zip/Phone #)	)
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(C	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
(AUG 0 8 2012		
L. SELLERS		

Office Use Only



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08/01/12--01001--003 \*\*82.50

07/10/12--01009--002 \*\*25.00

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SECRETARY OF STATE
TALL AHZSSEF FLOOR

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Casa Investment IV, LUP (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:
Anil Desh pande
Desh pande Inc. (Firm/Company)
3700 34th Street, Suite 240
ORlando, FZ 32805 (City/State and Zip Code)
For further information concerning this matter, please call:
Hame of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:    State

#### **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



July 13, 2012

ANIL DESHPANDE 3700 34TH STREET, STE. 240 ORLANDO, FL 32805

SUBJECT: CASA INVESTMENT IV, LLLP

Ref. Number: A05000001674

We have received your document for CASA INVESTMENT IV, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

There is a balance due of \$27.50.

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 412A00018772



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2012

Secretary Secretary

ANIL DESHPANDE 3700 34TH STREET, STE. 240 ORLANDO, FL 32805

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Letter Number: 412A00018772

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#### **COVER LETTER**

<b>TO:</b> Registration ! Division of C			
SUBJECT: Ca.	sa Inves	ment I	V LUF ited Partnership)
The enclosed Certific	cate of Dissolution and	d fee(s) are submitted t	for filing.
Please return all corr	espondence concernin	g this matter to:	
Anil D	esh pard (Contact Person)	le	
Deshpa	nde I	K	
3700 3	(Firm/Company) S	te 240	
Orland	$O = \begin{cases} Address \end{cases}$	2086	
(0	City, State and Zip Code)		
Anil De	on concerning this ma	_at (_407)_ (	f8[-819]
(Name of Conta	·	·	aytime Telephone Number)
Enclosed is a check f	for the following amou	int:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
27.50	Status		certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building	C' 1	P. O. Box 63	
2661 Executive Cent		Tallahassee,	FL 32314
Tallahassee, FL 323	UΙ		

### CERTIFICATE OF DISSOLUTION FOR

Casa Thues (Name of Florida Limited Pa	Hmer artnership or Limi	ted Liability Limited Pa.	rtnership)	-
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number 0.500 Dissolution.	ed partnership,	whose certificate way	as filed with the	
FIRST: Reason for dissolution: (S Upon Written (ons Ext the limited	_	_	4	ゴ
SECOND: A Notice of Disso (Check box if attact THIRD: Effective date, if other than the discontinuous date cannot be prior to nor more	ched.)		t is filed by the Florida	
Department of State.)  Signatures of each general partner of s. 640.1803(3) or (4), F.S.:	r the person ap —	pointed pursuant to	rshpand	' 
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		12 AUG - 2 SECRETARY TALLAHASSE	Total Parket

## NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved fimited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  (asa: Th Vestment IV cut).
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)  3700 34th Street, Sute 240  ORlando FC 33800
A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.
Signature of a general partner or a principal of the successor entity:
Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.