

Amtrak

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

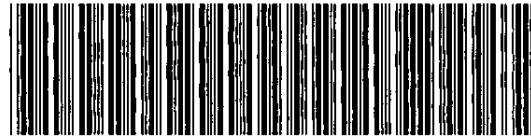
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

MAR 26 2013

G. McLEOD



600245691746

03/22/13--01022--017 **105.00

FILED
13 MAR 22 PM 1:34
SECURITY
MILWAUKEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT M PICERNE
(Contact Person)

RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP
(Firm/Company)

247 NORTH WESTMONTE DRIVE
(Address)

ALTAMONTE SPRINGS, FL 32714
(City, State and Zip Code)

For further information concerning this matter, please call:

ROBERT M PICERNE at (407) 772-0200
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF TERMINATION
FOR**

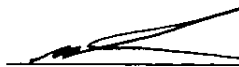
RIVER OAKS ASSOCIATES LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 06/08/1984, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



ROBERT M PICERNE

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

FILED
13 MAR 22 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA