

A 00000000200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

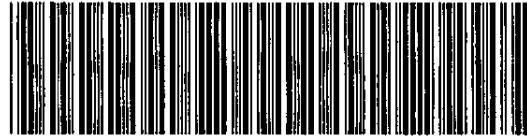
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/16/14--01006--015 **25.00

01/07/15--01013--008 **27.50

FILED
15 JAN - 7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 08 2015

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JAN -7 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 22, 2014

RUSSELL BRYANT
444 SEABREEZE BLVD SUITE 600
DAYTONA BEACH, FL 32118

SUBJECT: INDIGO PLANTATION PARTNERS, LTD.
Ref. Number: A00000000200

We have received your document for INDIGO PLANTATION PARTNERS, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

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

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00026960

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indigo Plantation Partners, LTD
(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:

Russell Bryant

(Name of Person)

Indigo Plantation Partners, LTD

(Firm/Company)

444 Seabreeze Blvd. Suite 600

(Address)

Daytona Beach, Florida 32118

(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Bryant

(Name of Person)

386

238-7400

(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

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

This notice is submitted by the dissolved limited 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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Indigo Plantation Partners, LTD

Description of information that must be included in a claim:

Vendor Name, copy of invoice, amount due,
contact information

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

444 Seabreeze Blvd. Suite 600
Daytona Beach FL 32118

15 JAN - 7 PM 12 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 notice.

Signature of a general partner or a principal of the successor entity:

Rolf Gardner

Printed Name

[Signature]
Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50