

A02 000000 791

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FEB -6 PM 12:15

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A02-791
al

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORPORATE CENTER AT PARK SHORE LIMITED PARTNERSHIP
(Name of Partnership)

DOCUMENT NUMBER: A02000000791

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

Please return all correspondence concerning this matter to the following:

MAURI WINTERMEYER

(Name of Person)

KILBOURN ASSOCIATES

(Firm/Company)

3033 RIVIERA DRIVE, #202

(Address)

NAPLES, FL 34103

(City/State and Zip Code)

For further information concerning this matter, please call:

MAURI WINTERMEYER

(Name of Person)

at (239) 261-1888

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E070 (01/06)

2006 FEB -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2006

MAURI WINTERMEYER
3033 RIVIERA DRIVE #202
NAPLES, FL 34103

SUBJECT: CORPORATE CENTER AT PARK SHORE LIMITED PARTNERSHIP
Ref. Number: A02000000791

We have received your document for CORPORATE CENTER AT PARK SHORE LIMITED PARTNERSHIP and your check(s) totaling \$25.00. 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.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 306A00004231

2006 FEB -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORPORATE CENTER AT PARK SHORE LIMITED PARTNERSHIP
(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:

MAURI WINTERMEYER

(Contact Person)

KILBOURN ASSOCIATES

(Firm/Company)

3033 RIVIERA DRIVE, #202

(Address)

NAPLES, FL 34103

(City, State and Zip Code)

For further information concerning this matter, please call:

MAURI WINTERMEYER

(Name of Contact Person)

at (239) 261-1888

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ 27.50
25.00 previously paid

☐ \$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

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2006 FEB -6 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

CORPORATE CENTER AT PARK SHORE 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 05/29/2002, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

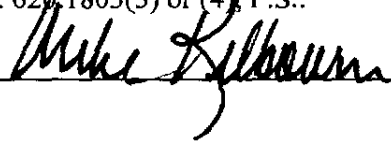
NO LONGER AN ACTIVE PARTNERSHIP

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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