

A02000001726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

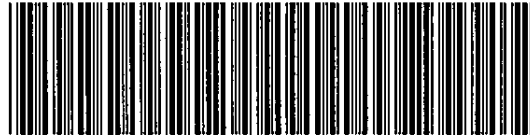
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900274319659

900274319659  
04/30/15--01018--021 \*\*25.00  
06/30/15--01022--015 \*\*27.50

FILED  
15 OCT 26 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 27 2015  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2015

RIDGE CROSSINGS CAPITAL, LTD  
2203 N LOIS AVE SUITE 900  
TAMPA, FL 33607

SUBJECT: RIDGE CROSSINGS CAPITAL, LTD.  
Ref. Number: A02000001326

We have received your document for RIDGE CROSSINGS CAPITAL, LTD. and your check(s) totaling \$52.50. 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 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: 615A00013746

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:

RIDGE CROSSING CAPITAL LTD.

Description of information that must be included in a claim:

All relative facts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

EURO RIDGE CROSSING INC.

3451 NORTHRIDGE DRIVE

CLEARWATER, FL 33761

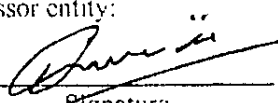
FILED  
15 OCT 26 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Euro Ridge Crossings Inc. (GP) by Dirk van der Eems Pres.

Printed Name

  
Signature

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