

AD2000001707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

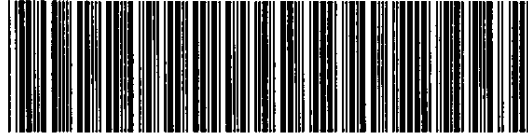
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600270510716

03/12/15--01007--014 **35.00

04/15/15--01006--012 **17.50

FILED
15 APR 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRIFTWOOD ACRES MOBILE PARK LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

A 02000001707

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

Please return all correspondence concerning this matter to:

STEVE ELSON

(Contact Person)

DRIFTWOOD ACRES

(Firm/Company)

PO Box 244

(Address)

PAXTON IL 60957-0244

(City, State and Zip Code)

For further information concerning this matter, please call:

STEVE ELSON

(Name of Contact Person)

at

(217) 841-0142

(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

\$17.50
3500 PRE PAID

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2015

STEVEN A ELSON
406 E SUMMER ST
PAXTON, IL 60957-0244

SUBJECT: DRIFTWOOD ACRES MOBILE PARK, LTD.
Ref. Number: A02000001707

RECEIVED
15 APR 14 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF CORPORATE
INFORMATION SERVICES

We have received your document for DRIFTWOOD ACRES MOBILE PARK, LTD. and check(s) totaling \$35.00. 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 \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 915A00006513

**CERTIFICATE OF DISSOLUTION
FOR**

DRIFTWOOD ACRES MOBILE PARK, LTD
(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 3/9/15, assigned Florida document number A02000001707, hereby submits this Certificate of Dissolution.

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

SOLD

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

THIRD: Effective date, if other than the date of filing: 3/9/15

(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.:

Steve Elson

Tonia Elson

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

FILED
15 APR 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA