## A0300000332

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
	ty/State/Zip/Phone	e #)
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CCCFETARY OF STATE

TALLAHASSFE FLOSINA

D. BRUCE

MAY - 3 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: Timb	er Investments, L Florida Limited Partnersh	td. p or Limited Liability Limited P	'artnership)
The enclosed Certif	icate of Dissolution an	d fee(s) are submitted for f	iling.
Please return all cor	respondence concerni	g this matter to:	
Diane Wilks			
	(Contact Person)		77 <b>3</b> 5.
	(Firm/Company)		10 AF
11490 Emerald Coas	t Parkway, Suite 300, Bo	x 3	HAS
	(Address)		30 PM 4: 02 ARY OF STATE ASSEE, FLORID
Miramar Beach, FL 3	2550		
	(City, State and Zip Code)	<del></del>	OR.
For further informat	ion concerning this m	atter, please call:	DA A
Diane Wilks	•	at ( 850 ) 424-324	10
(Name of Con	tact Person)	(Area Code and Daytin	ne Telephone Number)
Enclosed is a check	for the following amo	unt:	
\$52.50 Filing Fee	✓ \$61.25 Filing Fee and Certificate of Status	and Certified Copy Co	\$113.75 Filing Fee, ertified Copy, and ertificate of Status
STREET ADDRES Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	tions ter Circle	MAILING ADI Registration Sect Division of Corp P. O. Box 6327 Tallahassee, FL	tion orations

## CERTIFICATE OF DISSOLUTION FOR

Timber Investments, 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 February 28, 2003, assigned Florida document number A03000000332, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
No remaining assets or ongoing business	_	
]		
	- 0 AF	****
————————————————————————————————————	_ ဆိ	
UNE MY	- CD	
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)	PH 4: 02	
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.)	a	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:		
Laurtain alwestmente elne General Partner	,	
Lountain alwestmente, alnc. Heneral Partner of Jimber alwestments, Ltd by: Diane Ulila, President	_	
By: Drine Ulila, President	_	
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		
Continuente di Status (optional). 90.75		