A03000000155

(Re	questor's Name)	
(,,,		
(Ad	ldress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
•		
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 3 1 2008

EXAMINER

COVER LETTER

TO:	_		Section Corporations						
SUBJI	ECT: _	OVEX	Plank Land Florida Limited Par	tnership or	TIMBE/ Limited Liability	e y Lim	Company ited Partnership)	LTZ	5
The en	closed	Certifi	cate of Dissoluti	on and fe	e(s) are submi	tted	for filing.		
Please	return	all corr	espondence con	cerning th	nis matter to:				
	Jo€	JA	Contact Person)			•		
	318:	5	(Firm/Company) RIVA					
	Bon	SA	(Address) City, State and Zip	32	425				
		(City, State and Zip	Code)					
For fur	ther in	formati	on concerning th	nis matter	, please call:				
Ton	ΛΜ Υ ₁	(V)	illams act Person)	a	t (850	<u> </u>	547-57	33	•
			for the following		(Area Code	anu L	zayume reiephone	(Number)	
□\$52.5			\$61.25 Filing I and Certificate of Status	Fee	\$105.00 Filing Ind Certified Copy		\$113.75 Filin Certified Copy Certificate of S	and	
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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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 21, 2008

JOE JERNIGAN 3185 THOMAS DR BONIFAY, FL 32425

SUBJECT: OVERLAND LAND AND TIMBER COMPANY LTD

Ref. Number: A03000000855

We have received your document for OVERLAND LAND AND TIMBER COMPANY LTD and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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

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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 408A00017064

CERTIFICATE OF DISSOLUTION **FOR**

OVERLAND LAND A	NID / IMBER Company (7) artnership or Limited Liability Limited Partnership)
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
partnership or limited liability limit	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the hereby submits this
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Closed BUSINES	< <
C103 C8 843/7-23	
SECOND: A Notice of Dissol (Check box if attack)	
THIRD: Effective date, if other than the o	date of filing:
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of 620.1803(3) or (4), F.S.:	or the person appointed pursuant to
Eller Err	653.50
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75
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