

A0300000/521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/09--01022--024 **113.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 16 AM 10:29

FILED

C. LEWIS
MAR 17, 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Riverpoint of St. Johns, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Michael Antonopoulos

(Contact Person)

MCS Development Corporation

(Firm/Company)

115 Solana Road Unit D

(Address)

Ponte Vedra Beach, FL 32082

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Antonopoulos at (904) 396-3539
(Name of Contact Person) (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

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

March 5, 2009

MICHAEL ANTONOPOULOS
MCS DEVELOPMENT CORPORATION
115 SOLANA RD. UNIT D
PONTE VEDRA BEACH, FL 32082

SUBJECT: RIVERPOINT OF ST. JOHNS, LLLP
Ref. Number: A03000001521

We have received your document for RIVERPOINT OF ST. JOHNS, LLLP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please fill out both pages of the certificate of dissolution for the limited partnership.

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 209A00007688

**CERTIFICATE OF DISSOLUTION
FOR**

Riverpoint of St. Johns, LLLP

(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 10/23/2003, assigned Florida document number A03000001521, hereby submits this Certificate of Dissolution.

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

Completed business purpose

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.:



Michael Antonopoulos

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

FILED

2009 MAR 16 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED

2009 MAR 16 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. **A03000001521**

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:

Riverpoint of St. Johns, LLLP

Description of information that must be included in a claim:

Claimant Name and Address

Description of Claim

Amount of Claim

Evidence of Authorization Related to Claim

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

115 Solana Road Unit D

Ponte Vedra Beach, FL 32082

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:

Michael Antonopoulos

Printed Name


Signature

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