

A04 00000 1425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

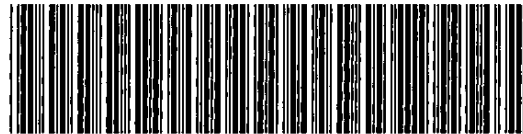
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A-04-1425



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06 DEC 26 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRAXIS Capital Partners
(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:

B. J. Muller

(Contact Person)

(Firm/Company)

5353 W Desert Inn Rd 1106

(Address)

Las Vegas NV 89146

(City, State and Zip Code)

For further information concerning this matter, please call:

B. J. Muller

(Name of Contact Person)

at (702) 951 1326
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2006

BILL MULLNER
5353 W DESERT INN RD APT 1106
LAS VEGAS, NV 89146

SUBJECT: PRAXSIS CAPITAL PARTNERS, LTD.
Ref. Number: A04000001425

We have received your document for PRAXSIS CAPITAL PARTNERS, LTD. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

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 your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 206A00070273

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 26 AM 9:24

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**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:

Parkside Capital Partners

Description of information that must be included in a claim:

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

5353 W Desert Inn Rd 1106

Las Vegas NV 89146

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:

Bill Muller

Printed Name

Bill Muller

Signature

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 26 AM 9:24

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