

A05 000 000 278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

A05-278

(Document Number)

Certified Copies _____ Certificates of Status _____

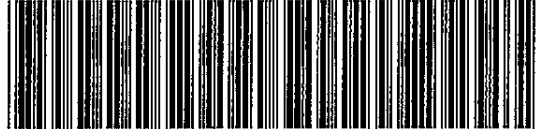
Special Instructions to Filing Officer:

4/26

FL LP diss
w/ notice

06024

Office Use Only



800071257948

04/26/06--01018--017 **52.30

FILED
APR 26 2006
FBI - TAMPA

06 APR 26 PM 12:44

FBI - TAMPA

ML HODGE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNDER THE HILL LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

William Houlihan

(Contact Person)

The Wishcamper Group

(Firm/Company)

707 Sable Oaks Drive

(Address)

South Portland, ME 04106

(City, State and Zip Code)

For further information concerning this matter, please call:

William Houlihan

(Name of Contact Person)

at (207) 774-6989

(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 30, 2006

WILLIAM HOULIHAN
THE WISHCAMPER GROUP
707 SABLE OAKS DRIVE
SOUTH PORTLAND, ME 04106

SUBJECT: UNDER THE HILL LIMITED PARTNERSHIP
Ref. Number: A05000000278

We have received your document for UNDER THE HILL LIMITED PARTNERSHIP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached Certificate of Dissolution and pay the filing fee of \$52.50 before the Statement of Termination can be filed. Please return both documents together with the additional fee for processing.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 506A00021729

**CERTIFICATE OF DISSOLUTION
FOR**

UNDER THE HILL LIMITED PARTNERSHIP

(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 4, 2005, hereby submits this Certificate of Dissolution.

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

No longer doing business

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.:

I, I take a Willmick LLC, general partner
by William A. Houlton, member

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

FILED
06 APR 26 PM 12:44
TALLAHASSEE, FLORIDA

**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:

UNDER THE HILL LIMITED PARTNERSHIP

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.)

The Wishcamper Group

707 Sable Oaks Drive

South Portland, ME 04106

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 the notice.

Signature of a general partner or a principal of the successor entity:

It Takes a Hillmoor LLC
by William A. Horlivan

Printed Name

William A. Horlivan

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.