

AUS000000724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

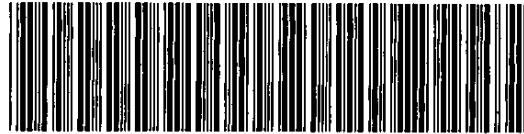
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Michael Sweet GAVE
AUTHORIZATION BY PHONE TO
CORRECT remove effective date
DATE 7/19/06
DOC. EXAM. _____

Office Use Only



900076287549

06/20/06--01004--016 **\$2.50

FILED
06 JUL 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2006

MICHAEL SWEET
DECADE COMPANIES
N19 W24130 RIVERWOOD DRIVE STE. 100
WAUKESHA, WI 53188

SUBJECT: TROPIC AIR MOTEL LIMITED PARTNERSHIP
Ref. Number: A05000000724

We have received your document for TROPIC AIR MOTEL LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited partnership or limited liability limited partnership must file a Certificate of Dissolution (with or without a Notice of Dissolution) in order to dissolve the limited partnership. The fee to file the Certificate of Dissolution (with or without a Notice of Dissolution) is \$52.50. Once the limited partnership or limited liability limited partnership has filed a Certificate of Dissolution and completed winding up its affairs, it may file a Statement of Termination. The fee to file the Statement of Termination is an additional \$52.50.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 006A00042490

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tropic Air Motel 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:

Michael Sweet

(Contact Person)

Decade Companies

(Firm/Company)

N19 W24130 Riverwood Drive, Ste. 100

(Address)

Waukesha, WI 53188-1131

(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Sweet

(Name of Contact Person)

at (262)

522-8990

(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

**CERTIFICATE OF DISSOLUTION
FOR**

Tropic Air Motel 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 April 13, 2005, hereby submits this Certificate of Dissolution.

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

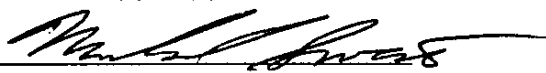
The partnership did not acquire a business and was dormant during its existence.

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.:



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

FILED
06 JUL 19 AM 11:05
SECRETARY OF STATE
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:

Tropic Air Motel Limited Partnership

Description of information that must be included in a claim:

- 1) A reasonable description of the claim that the claimant asserts.
- 2) The amount of the purported claim.
- 3) Any interest obligation.

FILED
06 JUL 19 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Michael Sweet

% Decade Companies

N19 W24130 Riverwood Drive, Suite 100

Waukesha, WI 53188-1131

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:

Michael Sweet

Printed Name



Signature

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