## #A05000001673

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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12 JUL 30 PH 4: 22

K. SALY EXAMINER

JUL **3 1** 2012



July 11, 2012

DESHPANDE INC ANIL DESHPANDE 3700 34TH ST, STE. 240 ORLANDO, FL 32805

SUBJECT: CASA INVESTMENT III, LLLP

Ref. Number: A05000001673

We have received your document for CASA INVESTMENT III, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 512A00018605

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

tment III LUP	
p or Limited Liability Limited Partnership)	
d fee(s) are submitted for filing.	
ng this matter to:	
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atter, please call:	
eat (407) 481-8191	
(Area Code and Daytime Telephone Number)	
unt:	
\$105.00 Filing Fee and Certified Copy  Straightful Str	
MAILING ADDRESS:	
Registration Section	
Division of Corporations  Division of Corporations  Clifton Building  P. O. Box 6327	
P. O. Box 6327 Tallahassee, FL, 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

FILED. 12 JUL 30 PM 4: 22

FOR	- 00 FM L:
Casa Investment III, 1	PARY OF SIA
(Name of Florida Limited Partnership or Limited Liability Limited Partnership	p)
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida I partnership or limited liability limited partnership, whose certificate was filed Florida Department of State on 8 30 300 , assigned document number 40 500000 16 73, hereby submits this Certificate Dissolution.	l with the I Florida
FIRST: Reason for dissolution: (State why partnership is submitting dissolu	ution)
Upon the written consent of all of	the_
Members of Casa Investmen	
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)	<del></del>
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 Department of State.)	by the Florida
Signatures of each general partner or the person appointed pursuant to 4.620.1803(2) of (4) F.S.:  And Description	pande

\$52.50

\$52.50

Filing Fee: Certified Copy (optional): Certificate of Status (optional):

\$8.75

## 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.

Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  Casa Twestment TIL, Luce
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.)
Sute 240 Optando 81, 32805
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:  Printed Name  Signature

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