A05000001674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 AUG -2 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Investment IV, LLP
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Anil Deshpande
(Name of Person)

Deshpande Inc.
(Firm/Company)

3700 34th Street, Suite 240
(Address)

Orlando, FL 32805
(City/State and Zip Code)

For further information concerning this matter, please call:

Anil Deshpande at (407) 481-8191
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2012

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

SUBJECT: CASA INVESTMENT IV, LLLP
Ref. Number: A05000001674

We have received your document for CASA INVESTMENT IV, 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):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

There is a balance due of $27.50.

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00018772

FLORIDA DEPARTMENT OF STATE
Division of Corporations

$27.50 additional due
pd DLP ck # 1358
7-27-12

July 13, 2012

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

SUBJECT: CASA INVESTMENT IV, LLLP
Ref. Number: A05000001674

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Leslie Sellers
Regulatory Specialist II

Letter Number: 412A00018772

RECEIVED
JUL 23 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Investment IV LLP
(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:

Anil Deshpande
(Contact Person)
Deshpande Inc
(Firm/Company)
3700 34th St, Ste 240
(Address)
Orlando FL 32805
(City, State and Zip Code)

For further information concerning this matter, please call:

Anil Deshpande at (407) 481-8981
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $52.50 Filing Fee -25.00 ☐ $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

Balance due = 27.50

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

Casa Investmen IV, LLP
(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 08.30.05, assigned Florida document number A05000001674, hereby submits this Certificate of Dissolution.

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

Upon written Consent of all of the members of the limited liability comany

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.:

Anil Deshpande

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

FILED
12 AUG -2 PM 8:57
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:
Casa Investment IV LLP

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.)
3700 34th Street, Suite 240
Orlando FL 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:
Anil Deshpande
Printed Name
Signature

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