A06000000731

(Requestor's Name)						
(Ad	(Address)					
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(Cit	y/State/Zip/Phone	. #N				
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PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Do	cument Number)					
Certified Copies	Certificates	of Status				
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Special Instructions to	Filing Officer:					
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

	egistration ivision of (Section Corporations		
SUBJEC	CT:	EASIDE CAPI-	TAL EQUITIES ip or Limited Liability Limi	L (? ted Partnership)
The enclo	osed Certifi	cate of Dissolution an	nd fee(s) are submitted	for filing.
Please re	turn all cor	respondence concerni	ng this matter to:	
	WILLIA	(Contact Person)		
		(Firm/Company)		
	750	OCEAN ROYAC (Address)	E WAY # BO	,5
	JUNO	BEACH F	1 33408	
	(City, State and Zip Code)		
For further	er informat	ion concerning this ma	atter, please call:	
W	MIAM	RITGER	at (737) 62	82 4950 aytime Telephone Number)
(1)	Name of Cont	act Person)	(Area Code and D	aytime Telephone Number)
Enclosed	is a check	for the following amo	unt:	
∑\$ 52.50 F	iling 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		



February 26, 2008

WILLIAM J RITGER 750 OCEAN ROYALE WAY SUITE 805 JUNO BEACH, FL 33408

SUBJECT: SEASIDE CAPITAL EQUITIES, LP

Ref. Number: A06000000731

We have received your document for SEASIDE CAPITAL EQUITIES, LP 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.

Note the additional filing feee.

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: 308A00011895

CERTIFICATE OF DISSOLUTION FOR

FILED.

08 MAR 12 AM 10: 36

SEASIDE CAP (Name of Florida Limited P	PITAL EQU	ITTES, LP	SECRETA	RY OF STATE
(Name of Florida Limited P	artnership or Limi	ted Liability Limited Parti	nership) ALL AHAS	SEE FLORIDA
Pursuant to the provisions of section partnership or limited liability limits. Florida Department of State on Certificate of Dissolution.	ted partnership,	whose certificate was	filed with the	·
FIRST: Reason for dissolution: (S	State why partn	ership is submitting d	issolution)	
YOLUNTARILY DISS	OLVED. 1.	NACTIVE.	·	
_				
SECOND: A Notice of Dissol (Check box if attack)		ed.		
THIRD: Effective date, if other than the	date of filing:			
(Effective date cannot be prior to nor more Department of State.)	e than 90 days afte	er the date this document is	filed by the Florida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	pointed pursuant to		
william J. Sitze	_			
	_			
	_			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	,		
Certificate of Status (optional):	\$8.75			