

A06 000000904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

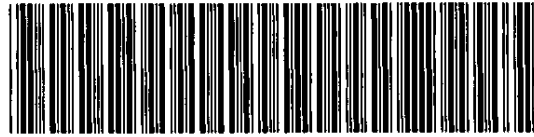
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06/09/08--01056--022 \*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL 10 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cocoa Springs Estates, 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:

Bruce E. Larson  
(Contact Person)

Gandolf Group, LLC  
(Firm/Company)

5354 Parkdale Drive, Suite 350  
(Address)

St. Louis Park, MN 55416  
(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce E. Larson at ( 952 ) 543-2455  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2008

BRUCE E. LARSON  
5354 PARKDALE DRIVE, STE 350  
ST LOUIS PARK, MN 55416

SUBJECT: COCOA SPRINGS ESTATES, LIMITED PARTNERSHIP  
Ref. Number: A06000000904

We have received your document for COCOA SPRINGS ESTATES, LIMITED PARTNERSHIP and your check(s) totaling \$150.00. 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.

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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 208A00035694

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION  
FOR**

Cocoa Springs Estates, 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 July 21, 2006, assigned Florida document number A06000000904, hereby submits this Certificate of Dissolution.

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

The company no longer has a business purpose.

**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.:

[Signature]

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

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TALLAHASSEE FLORIDA