## A06000001150

| (Requestor's Name)                      |  |  |  |
|---|--|--|--|
|   |  |  |  |
| (Address)                               |  |  |  |
| (12.000)                                |  |  |  |
|   |  |  |  |
| (Address)                               |  |  |  |
|   |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |
|   |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |
|   |  |  |  |
|   |  |  |  |
| (Business Entity Name)                  |  |  |  |
| A04-1150                                |  |  |  |
| (Document Number)                       |  |  |  |
| •                                       |  |  |  |
| Contillation of Outro                   |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
|   |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |
| Special mandonons to 1 ming officer.    |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

Office Use Only



100199791441

04/01/11--01018--002 \*\*52.50

SECRETARY OF STATE
DIVISION OF CORFORATIONS

## **COVER LETTER**

+

| TO: Registration S Division of C            |  |   |  |
|---|--|---|--|
|   | OBLE LIMITED   |   |  |
| (Name of I                                  | florida Limited Partnershi                           | p or Limited Liability Lin              | nited Partnership)   |
| The enclosed Certific                       | cate of Dissolution an                               | d fee(s) are submitted                  | for filing.  |
| Please return all corr                      | espondence concernir                                 | ng this matter to:                      |  |
|   |  |   |  |
| ROBERT M. TAYLO                             |  |   |  |
|   | (Contact Person)                                     |   |  |
| (Firm/Company)                              |  |   |  |
| 13451 McGREGOR                              | BOULEVARD, SUITE 2                                   | 7                                       |  |
|   | (Address)  |   |  |
| FORT MYERS, FL                              | 33919  |   |  |
| (6  | City, State and Zip Code)                            |   |  |
| For further information                     | on concerning this ma                                | atter, please call:                     |  |
| EDWINA VEILLETTE                            |  | at ( 239 ) 48                           | 1-2011, ext 191  |
| (Name of Contact Person)                    |  |   | Daytime Telephone Number)  |
| Enclosed is a check f                       | or the following amou                                | ınt:                                    |  |
| ☑ \$52.50 Filing Fee                        | ☐ \$61.25 Filing Fee<br>and Certificate of<br>Status | \$105.00 Filing Fee and Certified Copy  | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| STREET ADDRESS:                             |  | MAILING                                 | ADDRESS:   |
| Registration Section                        |  | Registration Section                    |  |
| Division of Corporations Clifton Building   |  | Division of Corporations P. O. Box 6327 |  |
| 2661 Executive Cent<br>Tallahassee, FL 3230 |  | Tallahassee.                            |  |
|   | <del>-</del> -                                       |   |  |



April 5, 2011

ROBERT M. TAYLOR 13451 MCGREGOR BLVD., SUITE 27 FORT MYERS, FL 33919

SUBJECT: TL NOBLE LIMITED PARTNERSHIP

Ref. Number: A0600001150

We have received your document for TL NOBLE 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):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

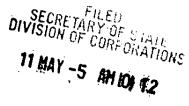
If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 611A00008161

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

## CERTIFICATE OF DISSOLUTION FOR



| TL NOBLE LIMITED PA   |  |
|---|--|
| (Name of Florida Limited P  | artnership or Limited Liability Limited Partnership)   |
| partnership or limited liability limit                            | n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the CTOBER 3, 2006 , assigned Florida , hereby submits this Certificate of   |
| FIRST: Reason for dissolution: (S                                 | State why partnership is submitting dissolution)   |
| Limited Partnership dissolved                                     |  |
|   |  |
|   |  |
|   |  |
|   |  |
| SECOND: A Notice of Disso (Check box if atta                      |  |
| THIRD: Effective date, if other than the c                        | date of filing:  |
| (Effective date cannot be prior to nor more Department of State.) | than 90 days after the date this document is filed by the Florida  |
| Signatures of each general partner of                             | or the person appointed pursuant to  |
| s 620 1808(3) or (4), F.S.:                                       | GENERA PARSMER   |
| Linda K. Teylo  | GENERAL PARSMER  |
| ď   | the state of the s |
| Filing Fee:   | \$52.50  |
| Certified Copy (optional):  | \$52.50<br>\$52.50   |
| Certificate of Status (optional):                                 | \$8.75   |