## A07 000 000 451

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| ` (Business Entity Name)                |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
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Office Use Only



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May 4, 2022

P. MICHELLE FREEMAN FLEET, SMITH & FREEMAN 1283 EGLIN PKWY, STE A SHALIMAR, FL 32579 US

SUBJECT: HOLT VILLAGE PARTNERSHIP, LLLP

Ref. Number: A0700000451

We have received your document for HOLT VILLAGE PARTNERSHIP, LLLP and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a general partnership and your entity is a limited partnership, I have enclosed the correct form.

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) 245-6823.

Letter Number: 922A00010328

Annette Ramsey OPS

www.sunbiz.org



Tuesday, April 5, 2022

Reinstatement Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: A07000000451 - HOLT VILLAGE PARTNERSHIP

To Whom It May Concern:

Please find the enclosed statement of dissolution for partnership and check pertaining to the above-referenced partnership and document number.

This partnership is a Florida LLLP, but it has no partnership registration number. Therefore, I have provided the document number in its place.

The enclosed check has been written to cover the total cost of the filing fee, a certified copy and a certificate of status. Accordingly, we request the certified copy and the certificate of status.

If there are any questions or concerns, of we need to correct anything, please do not hesitate to call me using the information provided in my signature immediately so that I may address the issue as expeditiously as possible.

Sincerely,

Stephanie Gates Puckett, JD
Paralegal to P. Michelle Freeman
Stephanie@FleetSmithLaw.com

(850) 651-4006; Extension 221

Enclosures: 2



May 18, 2022

Florida Department of State Division of Corporations ATTN: Annette Ramsey P.O. Box 6327 Tallahassee, FL 32314

Re:

Holt Village Partnership, LLLP

Ref. No: A07000000451

Dear Ms. Ramsey,

Pursuant to your letter dated May 4, 2022, enclosed for filing is the Certificate of Dissolution for Holt Village Partnership, LLLP on the correct form that you provided to our office.

I enclosed a copy of the letter that you sent to us on May 4th for your reference.

Should you have any questions or need anything further from our office, please feel free to call the office at (850) 651-4006 or send me an email at patty/a/fleetsmithlaw.com

Sincerely.

Fleet, Smith & Freeman

Patty Flynch
Patty Claire Register

/pr

Encls. As stated.



(For Office Use Only)

| COV  | VER LETTER                                    |
|--|---|
| TO: Reinstatement Section Division of Corporations |   |
| SUBJECT: HOLT VILLAGE PARTNERS                     | HIP   |
|  | me of Partnership)                            |
| DOCUMENT NUMBER: A07000000451                      | <del></del>                                   |
| The enclosed Statement of Dissolution for Par      | tnership and fee(s) are submitted for filing. |
| Please return all correspondence concerning the    | ais matter to the following:                  |
| P. Michelle Freeman                                |   |
| (Name of Person)                                   |   |
| Fleet, Smith & Freeman                             |   |
| (Firm/Company)                                     |   |
| 1283 Eglin Pkwy. Ste A                             |   |
| (Address)  |   |
| Shalimar, Florida 32579                            |   |
| (City/State and Zip Code)                          |   |
| For further information concerning this matter     | :, płease call;                               |
| Stephanie Gates Puckett                            | at (850)651-4006                              |
| (Name of Person)                                   | (Area Code & Daytime Telephone Number)        |
| Mailing Address:                                   | Street Address:                               |
| Reinstatement Section                              | Reinstatement Section                         |
| Division of Cornorations                           | Division of Corporations                      |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E070 (9/15)

P.O. Box 6327

Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION **FOR**

| FIL         | ED       |
|-------------|----------|
| 2022 MAY 20 | Λι.      |
|             | FA 12 53 |

| HOLT VILLAGE PARTNERSHIP, LELP   |   | 2/ 1/ 1/2                       |
|--|---|---------------------------------|
| (Name of Florida Limited Partnership or  | r Limited Liability Limited Partnersh   | ip)                             |
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Mark document number A07000000452 Dissolution. | ed partnership, whose certifical        | te was filed with the           |
| FIRST: Reason for dissolution: (S  | State why partnership is submit         | ting dissolution)               |
| The partnership has dissolved and is windi   | • • •                                   |                                 |
|  |   |                                 |
|  |   |                                 |
| SECOND: A Notice of Dissol (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more                              | ttached.) e date of filing: n/a         | umant is filed by the Florida   |
| Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.   | s not meet the applicable statutory fil | ing requirements, this date wil |
| , <del>Signatessos of</del> veach general partner or the p   | erson appointed pursuant to s. 620.18   | 303(3) or (4), F.S.:            |
| David A. Russell 5/17/2022   | ••                                      | , , ,                           |
| David A. หันรระปา  | <del></del>                             |                                 |
| Filing Fee:  | <u> </u>                                |                                 |
| Certificate of Status (ontional):  | \$52.50<br>\$52.50<br>\$8.75            |                                 |