

A07 000000552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

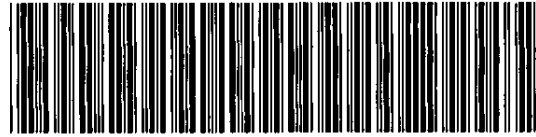
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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

07/10/08--01004--001 **82.50

\$22.50

08 JUL -9 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

M. THOMAS

JUL 10 2008

EXAMINER

A07-552

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Grove Village, 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)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Bruce E. Larson

(Name of Contact Person)

at (952) 543-2455

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2008

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

SUBJECT: PALM GROVE VILLAGE, LIMITED PARTNERSHIP
Ref. Number: A07000000552

We have received your document for PALM GROVE VILLAGE, 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: 108A00035696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

Palm Grove Village, 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 April 4, 2007, assigned Florida document number A07000000552, hereby submits this Certificate of Dissolution.

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

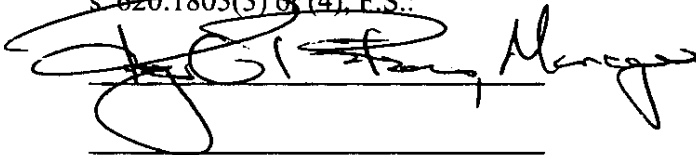
The company no longer has a business purpose.

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.:



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL - 9 AM 10:10

FILED

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