

AV70VVV00556

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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B. KOHR

MAY 12 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 PM 12:39

**LAW OFFICES
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April 30, 2010

Via Federal Express

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
DIVISION OF CORPORATIONS
10 MAY - L PH 12:39

Re: Certificate of Dissolution, Notice of Dissolution and Statement of Termination
for: Island Horizons, LP (Document Number A07000000556)

Dear Sir or Madam:

Please find enclosed the following documents for Island Horizons, LP:

1. Certificate of Dissolution.
2. Notice of Dissolution.
3. Statement of Termination.
4. Our firm's check number 53892 in the amount of \$105.00 payable to the Florida Department of State for your costs to file these documents.

Please return all correspondence regarding these filings to me. If you should have any questions regarding the enclosed documents please contact my paralegal, Kim Carter at (229) 671-8263 or me at the above number.

Very Truly Yours,
COLEMAN TALLEY LLP


Gregory Q. Clark

Enclosures
GQC:koc

**CERTIFICATE OF DISSOLUTION
FOR**

Island Horizons, LP

(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 A07000000556, hereby submits this Certificate of Dissolution.

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

Consent of the general partners and limited partners of the limited partnership.

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.:



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY - 6 PM 12:39

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -4 PM 12:39

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Island Horizons, LP

Description of information that must be included in a claim:

Name, address and telephone number of the claimant, the amount claimed and a description of

the basis for the claim, and all supporting documentation related to the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)


348 Enterprise Drive, Valdosta, Georgia 31601.

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Stephen M. Brooks

Printed Name



Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.