

A070000000716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

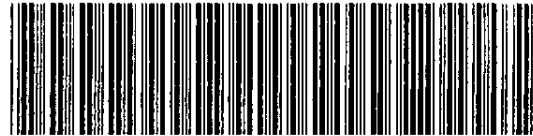
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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03/01/11--01019--026 **61.25

FILED
11 MAR - 1 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

MAR 2 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Legends at Vance Jackson Capital 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:

Gary Welsh
(Contact Person)

Euro American Advisors
(Firm/Company)

2203 N. Lois Ave, Ste 900
(Address)

Tampa, FL 33607
(City, State and Zip Code)

For further information concerning this matter, please call:

Gary Welsh at (813) 353-8800
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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

DATE: 01/17/2001
TIME: 10:00 AM
BY: [Signature]
FEE: \$61.25

FILED: 01/17/2001
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
11 MAR -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Legends at Vance Jackson Capital 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 02/25/2007, assigned Florida document number A07000000716, hereby submits this Certificate of Dissolution.

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

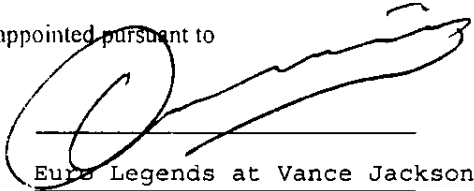
Partnership Dissolved.

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.:



Euro Legends at Vance Jackson Inc. GP

Dirk van der Eems, President

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