

A07 000000729

(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:

Office Use Only



500224873545

04/04/12--01001--019 **18.75

03/16/12--01037--020 **33.75

05/02/12--01008--005 **8.75

2012 MAR 15 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAY - 2 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2012

JOSEPH MEHLMANN
2309 ROOSEVELT, SUITE D
ARLINGTON, TX 76016

SUBJECT: COPPERS PLACE MEHLMANN FLORIDA LP
Ref. Number: A07000000729

We have received your document for COPPERS PLACE MEHLMANN FLORIDA LP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 312A00010905

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2012

JOSEPH MEHLMANN
2309 ROOSEVELT, SUITE D
ARLINGTON, TX 76016

SUBJECT: COPPERS PLACE MEHLMANN FLORIDA LP
Ref. Number: A07000000729

We have received your document for COPPERS PLACE MEHLMANN FLORIDA LP and check(s) totaling \$33.75 of which \$33.75 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$18.75 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 012A0000962

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coppers Place Mehlmann Florida LP
(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:

Joseph Mehlmann
(Contact Person)

Mehlmann Holding Company, LLC
(Firm/Company)

2309 Roosevelt, Suite D
(Address)

Arlington, TX 76016
(City, State and Zip Code)

For further information concerning this matter, please call:

Kristin Mehlmann at (817) 303-0400
(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
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

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Coppers Place Mehlmann Florida 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 05/31/2007, assigned Florida document number A07000000729, hereby submits this Certificate of Dissolution.

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

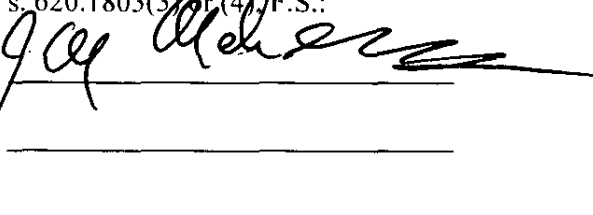
All property and assets sold

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 3/15/2012

(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.:



G.P. - Coppers Place Mehlmann
management LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED