

A08000000870

(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



600194734656

03/03/11--01022--001 **52.50

FILED
11 MAR - 1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR - 3 2011

**CERTIFICATE OF DISSOLUTION
FOR**

TDC Daytona Beach CtD 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 10-8-2008, assigned Florida document number A08000000810, hereby submits this Certificate of Dissolution.

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

Winding up of business.

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.:

[Signature] CEO of General Partner

FILED
11 MAR - 11 04:12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TDC Daytona Beach G/D 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:

Dale Meisner
(Contact Person)
TDC Daytona Beach G/D Limited
(Firm/Company)
4685 MacArthur Court, #375
(Address)
Newport Beach, CA 92660
(City, State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 1 PM 12:00

FILED

For further information concerning this matter, please call:

Ms. Dale Meisner at (949) 660-1293
(Name of Contact Person) (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