

# ADAMWOODSIS

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

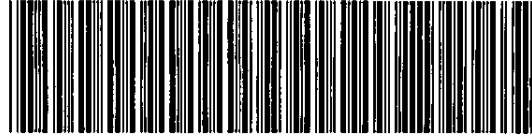
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900269611949

03/26/15--01014--031 \*\*27.50

03/02/15--01004--022 \*\*25.00

FILED  
2015 MAR -9 PM 12:11  
CLERK OF COURT  
TALLAHASSEE FLORIDA

MAR 26 2015  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2015

MARK J. SIMMONS  
901 CRABTREE CROSSING PKWY  
MORRISVILLE, NC 27560-7574

SUBJECT: VDI INCOME FUND I, LLLP  
Ref. Number: A09000000515

We have received your document for VDI INCOME FUND I, LLLP and your check(s) totaling \$25.00. 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.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$27.50.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 115A00005207

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DIVISION OF STATE  
TALLAHASSEE, FL 32314

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VOI INCOME FUND 1, L.L.P.  
(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:

MARK J. SIMMONS  
(Contact Person)

VULCAN DEVELOPMENT, INC., GENERAL PARTNER  
(Firm/Company)

901 CRABTREE CROSSING PARKWAY  
(Address)

MOORESVILLE, NC 27560-7574  
(City, State and Zip Code)

For further information concerning this matter, please call:

MARK J. SIMMONS at ( 561 ) 702-8203  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

- 30.00 PAID

9 27.50 BALANCE DUE

☐ \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR -9 PM12:11

FILED

**CERTIFICATE OF DISSOLUTION  
FOR**

VDI INCOME FUND I, LLLP

(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 05/26/05, assigned Florida document number AD9000005150, hereby submits this Certificate of Dissolution.

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

VDI INCOME FUND I, LLLP CEASED OPERATIONS IN THE  
STATE OF FLORIDA ON AUGUST 7, 2013 WHEN THE PARTNERSHIP  
MOVED TO THE STATE OF NORTH CAROLINA.

**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.:

MARK J. SIMMONS

Wendy Simmons

Filing Fee:	\$52.50	25.00 = 27.50 AVE
Certified Copy (optional):	\$52.50	
Certificate of Status (optional):	\$8.75	

**FILED**  
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CLERK OF STATE  
TALLAHASSEE FLORIDA

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

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:

VOI INCOME FUNDS I, LLLP

Description of information that must be included in a claim:

NAME, ADDRESS, CONTACT PERSON, AND PROOF OF CLAIM.

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

VOI INCOME FUNDS I, LLLP

901 COURTYARD CROSSING PARKWAY

MEMPHISVILLE, NC 27560-7574

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:

MARK J. SIMMONS

Printed Name

Mark J. Simmons

Signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 MAR -9 PM12:11

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