

AD9 000000606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

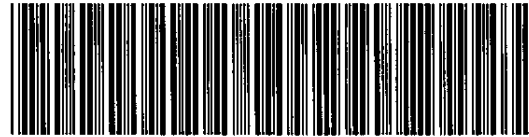
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2014 AUG 22 PM 1:33
CLERK OF COURT
JANESVILLE, WI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOPE HAVEN DEVELOPMENT 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:

JAN HEFLINGER
(Contact Person)
Picerne Development Corporation
(Firm/Company)
247 N Westmonte Dr
(Address)
Altamonte Springs, FL 32714
(City, State and Zip Code)

For further information concerning this matter, please call:

JAN HEFLINGER at (407) 772-0200
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input 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

2014 AUG 22 PM 1:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

HOPE HAVEN DEVELOPMENT, L.P.

(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 08/19/2009, assigned Florida document number A09000000606, hereby submits this Certificate of Dissolution.

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

Not in 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.:

Robert M Picerne

[Signature]

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

2014 AUG 22 PM 1:33
FILED
CLERK OF COURT
JULIA A. BROWN, CLERK
STATE OF FLORIDA
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:

HOPE HAVEN DEVELOPMENT LP 

Description of information that must be included in a claim:

Not in business

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

247 N Westmonte Dr

Altamonte Springs, FL 32714

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:

Robert M Picerne 

Printed Name


Signature

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