

A0900000000830

(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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02/24/15--01018--025 **61.25

FILED
2015 MAR 23 PM 12:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

MAR 24 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2015

PETER WOOLF
1041 S.E. 17TH STREET, SUITE 300
FORT LAUDERDALE, FL 33310

SUBJECT: INTERSTATE INVESTMENT HOLDINGS LLLP
Ref. Number: A09000000830

We have received your document for INTERSTATE INVESTMENT HOLDINGS LLLP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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: 615A00004613

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERSTATE INVESTMENT HOLDINGS LLC
(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:

PETER WOLF

(Contact Person)

INTERSTATE ASPHALT II LLC

(Firm/Company)

1041 S.E. 17TH STREET, SUITE 300

(Address)

FORT LAUDERDALE, FLORIDA 33316

(City, State and Zip Code)

For further information concerning this matter, please call:

PETER WOLF

(Name of Contact Person)

at (954)

769-9500 XT 306
(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

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**CERTIFICATE OF DISSOLUTION
FOR**

INTERSTATE INVESTMENT HOLDINGS 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 DECEMBER 2, 2009, assigned Florida document number A09000000830, hereby submits this Certificate of Dissolution.

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

PARTNERSHIP IS BEING DISSOLVED BECAUSE ALL ASSETS
HAVE BEEN DISTRIBUTED AND ALL ACTIVITY CEASED

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

THIRD: Effective date, if other than the date of filing: MARCH

~~DECEMBER~~ 31, 2015

(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]

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TALLAHASSEE, FLORIDA

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

**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:

INTERSTATE INVESTMENT HOLDINGS LLC

Description of information that must be included in a claim:

NAME & ADDRESS OF PERSON, DATE OF ORIGINAL CLAIM,

NATURE OF CLAIM

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

1041 S.E. 17TH STREET, SUITE 300, FORT LAUDERDALE

FLORIDA 33316

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TALLAHASSEE FLORIDA

FILED

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.

PETER WITICK
Printed Name

[Signature]
Signature

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