

# AID0000000445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

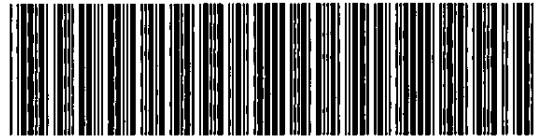
(Document Number)

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

Special Instructions to Filing Officer:

*Name Not Same*

Office Use Only



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04/25/17--01014--005 \*\*52.50

FILED

2017 APR 24 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 APR 24 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 26 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TALON PROPERTIES OF PONTE VEDRA, LTD.  
(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:

KAROL HORNE

(Contact Person)

TALON PROPERTIES, LTD

(Firm/Company)

818 A1A NORTH, SUITE 300

(Address)

PONTE VEDRA BEACH, FL 32082

(City, State and Zip Code)

For further information concerning this matter, please call:

KAROL HORNE at ( 904 ) 285-3400 X3323

(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

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**  
**2017 APR 24 PM 4:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**TALON PROPERTIES OF PONTE VEDRA, LTD**

(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 11/28/2001, assigned Florida document number A10000000445, hereby submits this Certificate of Dissolution.

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

NO LONGER DOING 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.:

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