

A10000000460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

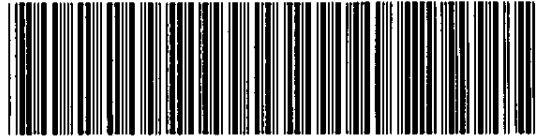
(Document Number)

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A10-460

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2016

N. CAUSSEAUX

COVER LETTER

A10-460

TO: Registration Section  
Division of Corporations

SUBJECT: LEAPTROT LIMITED PARTNERSHIP, LLLP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN LEAPTROT

(Contact Person)

(Firm/Company)

1447 PELICAN PATH

(Address)

THE VILLAGES, FL 32162

(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN LEAPTROT

(Name of Contact Person)

at ( 352 ) 633-0069

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2016

JOHN LEAPTROT  
1447 PELICAN PATH  
THE VILLAGES, FL 32162

SUBJECT: LEAPTROT LIMITED PARTNERSHIP, LLLP  
Ref. Number: A10000000460

We have received your document for LEAPTROT LIMITED PARTNERSHIP, LLLP. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$52.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The filing fee is \$52.50 for the Notice of Dissolution, which is a separate filing. We have already received your fee for the Statement of Termination which is also \$52.50.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 416A00002977

**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:

LEAPTROT LIMITED PARTNERSHIP, LLLP

Description of information that must be included in a claim:

NATURE OF CLAIM, DATE INCURRED

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

JOHN LEAPTROT

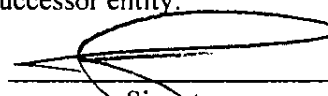
1447 PELICAN PATH

THE VILLAGES, FL 32162

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 notice.

Signature of a general partner or a principal of the successor entity:

JOHN LEAPTROT  
Printed Name

  
Signature

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50

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ALLAHASSEE, FLORIDA