A1000000460

| (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: d | |
| , | |

Office Use Only



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Strat of Termination



FEB 25 2016 N. CAUSSEAUX

COVER LETTER

| TO: Registration Section Division of Corporations | · |
|---|---|
| SUBJECT: LEAPTROT LIMITED PART (Name of Florida Limited Partnership or Limited Liability Limited I | |
| The enclosed Statement of Termination and fee(s) are submitted for file | |
| Please return all correspondence concerning this matter to: | |
| Contact Person) | |
| (Firm/Company) | <i>y</i> |
| 1447 PELICAN PATH | |
| (Address) THE VILLAGES FL 32167 (City, State and Zip Code) | |
| For further information concerning this matter, please call: | 4, |
| (Name of Contact Person) at (352) 633 0069 (Area Code and Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | |
| and Certificate of and Certified Copy Cer | S113.75 Filing Fee, tified Copy, and tificate of Status |
| STREET ADDRESS: MAILING ADD | |
| egistration Section Registration Section | |
| Division of Corporations Division of Corporations | |
| lifton Building P. O. Box 6327 661 Executive Center Circle Tallahassee, FL 32314 | |
| Tallahassee, FL 32301 | 7491T |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2016

JOYN LEAPTROTT .1447 PELICAN PATH THE VILLAGES, FL 32162

SUBJECT: LEAPTROT LIMITED PARTNERSHIP, LLLP

Ref. Number: A1000000460

We have received your document for LEAPTROT LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$52.50. However, the document has not been filed and is being retained in this office for the following:

The attached dissolution/filing fee must be filed prior to the filing of the statement of termination.

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.

Letter Number: 216A00002100

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

STATEMENT OF TERMINATION FOR

| LEAPTROT LIMITED PARTNERSHIP, LLI (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 August 18, 2010, hereby submits this Statement of Termination. |
| The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination. |
| Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.: |
| JOHN DEN OTTNOTT, GENERAL PORTNER |
| |

\$52.50

\$52.50

Filing Fee: Certified Copy (optional): Certificate of Status (optional):

\$8.75

16 FEB 22 PM 1: 03