

A17000000675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

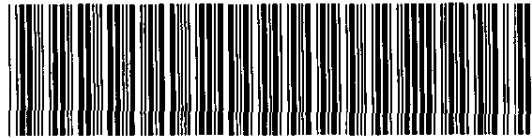
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700267688987

FILED
15 FEB 25 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 26 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

FLORIDA FILING & SEARCH SERVICES

SUBJECT: POULIOT FAMILY LIMITED PARTNERSHIP
Ref. Number: A13000000067

We have received your document for POULIOT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

No notice of dissolution was attached as indicated on the certificate of dissolution.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00004014

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02-25-15

NAME: EL GALEON APARTMENTS, LTD

TYPE OF FILING: ARTICLES OF DISSOLUTION

COST: 52.50

RETURN: PLAIN COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: El Galeon Apartments, 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:

Joanne D. Flanagan
(Contact Person)

JDF, LLC
(Firm/Company)

340 Pemberwick Road
(Address)

Greenwich, CT 06831
(City, State and Zip Code)

For further information concerning this matter, please call:

Teresa C. Behan at (203) 869-0900
(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

**CERTIFICATE OF DISSOLUTION
FOR**

El Galeon Apartments, 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 October 31, 2013, assigned Florida document number A13000000675, hereby submits this Certificate of Dissolution.

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

Entity is no longer needed

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.:

EL GALEON APARTMENTS GP, LLC

By: TRG Member of FL II, LLC

By: Kristin M. Miller, President

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

15 FEB 25 PM 1:07
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA