

AK000000466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

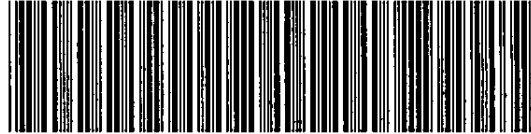
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/16--01021--024 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB 25 PM 2:33

MAR 17 2016
S. YOUNG

MAR 10 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2016

JAN HEFLINGER
PICERNE DEVELOPMENT
247 N WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32707

SUBJECT: MONROE PLACE, L.P.
Ref. Number: A14000000464

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TALLAHASSEE, FLORIDA
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We have received your document for MONROE PLACE, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 516A00004673

2016 MAR 17 PM 12:09
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONROE PLACE, L.P.

(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:

JAN HEFLINGER

(Contact Person)

PICERNE DEVELOPMENT CORPORATION

(Firm/Company)

247 N WESTMONTE DRIVE

(Address)

ALTAMONTE SPRINGS, FL 32714

(City, State and Zip Code)

For further information concerning this matter, please call:

JAN HEFLINGER

(Name of Contact Person)

at (407) 772-0200

(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

16 FEB 25 PM 2:33

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

MONROE PLACE, L.P.

(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 09/05/2014, assigned Florida document number A14000000464, hereby submits this Certificate of Dissolution.

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

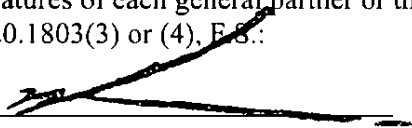
NO LONGER DOING BUSINESS

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

THIRD: Effective date, if other than the date of filing: 03/11/2016

(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.:



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

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**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:

MONROE PLACE, L.P.

Description of information that must be included in a claim:

NO LONGER DOING BUSINESS

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

247 N WESTMONTE DR

ALTAMONTE SPRINGS, FL 32707

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:

Robert M. Dickey

Printed Name

[Signature]
Signature

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 FEB 15 PM 2:33