

A17112

(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 6 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARBOUR TOWN OF JACARANDA, 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:

Debi T. Wilson

(Contact Person)

Butler Properties

(Firm/Company)

2727 Paces Ferry Road, Suite 1-255

(Address)

Atlanta, Georgia 30339

(City, State and Zip Code)

For further information concerning this matter, please call:

Debi T. Wilson

(Name of Contact Person)

at (770) 433-9500 x11

(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

HARBOUR TOWN OF JACARANDA, LTD.

2727 PACES FERRY ROAD, SUITE 1-255
ATLANTA, GA 30339

February 25, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Certificate of Dissolution and Notice of Dissolution of HARBOUR TOWN OF JACARANDA, LTD., and

Statement of Termination of HARBOUR TOWN OF JACARANDA, LTD.

Dear Sir or Madam:

I enclose the following documents for HARBOUR TOWN OF JACARANDA, LTD.:

1. Certificate of Dissolution, with a Notice of Dissolution attached;
2. Statement of Termination; and
3. Two separate checks in the amount of \$52.50 payable to the Florida Department of State in payment of the two filing fees.

We respectfully request that you file the enclosed Certificate of Dissolution, with a Notice of Dissolution attached, and then file the Statement of Termination. Should you have any questions regarding this filing or the enclosed documents, or if you require additional information, please contact the undersigned at (770) 433-9500 x11 at your earliest convenience.

Thank you for your prompt attention to this matter.

Very truly yours,
Debi T. Wilson

**CERTIFICATE OF DISSOLUTION
FOR**

HARBOUR TOWN OF JACARANDA, 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 5/25/1984, assigned Florida document number A17112, hereby submits this Certificate of Dissolution.

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

Pursuant to Fla. Stat. ch. 620.1801(1)(b), all general partners and
all limited partners have consented to dissolution.

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.:

By: Harry J. Butler, Jr.
Harry J. Butler, Jr., General Partner

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

HARBOUR TOWN OF JACARANDA, LTD.

Description of information that must be included in a claim:

(1) name of party making the claim, (2) basis of claim, (3) copy of
all documents that support claim, (4) current itemized invoice

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

Attention: Debi T. Wilson


2727 Paces Ferry Road, Suite 1-255

Atlanta, Georgia 30339

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 the notice.

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

Harry J. Butler, Jr., General Partner
Printed Name


Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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