A17112

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations

2661 Executive Center Circle

Tallahassee, FL 32301

SUBJECT: HARBOUR TOWN OF JACARANDA, LTD. (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Debi T. Wil	son		
	(Contact Person)		
Butler Prop	erties		
	(Firm/Company)		
2727 Paces	Ferry Road, Suite	1-255	
	(Address)		
Atlanta, Ge			
	(City, State and Zip Code)	l	
For further informa	ition concerning this m	atter, please call:	
Debi T. Wil:	son	at (770) 4	33-9500 x11
(Name of	Contact Person)	_	Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	

Tallahassee, FL 32314

STATEMENT OF TERMINATION FOR

HARBOUR TOWN OF JACARANDA, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Statement of Termination.	ed partnership, whose certificate	was filed with the		
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 of s. 620.1803(3) or (4), F.S.:	By:By:By:By. By:By. By:By. By. By. ler, Jr.	H.		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

2014 MAR -5 PH 12: 18
SECRETARY OF STATE
ASECRETARY OF STATE