## A19 000 000 139

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
_	_		
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	s of Status	
•	_		
Special Instructions to	Filing Officer:	ļ	
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		1	

Office Use Only



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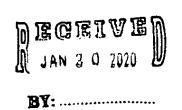
02/08/20--01004--008 \*\*27.50

50033475**786**5 12/20/19--01009--030 \*\*25.00

> DEPARTMENT OF STATE DIVISION OF CORPORATION TALLAHASSEE, FLORIS:

020 FEB -5 AM 9:5

FEB 0 6 2020 S. YOUNG



January 23, 2020

VIVIAN POWERS MONTICELLO COMMONS 270 W NEW ENGLAND AVENUE WINTER PARK, FL 32789

SUBJECT: MONTICELLO COMMONS LLLP

Ref. Number: A19000000139

We have received your document for MONTICELLO COMMONS LLLP and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 920A00001659

2020 FEB -5 PH I2: 31

## **COVER LETTER**

**TO**: Registration Section

Tallahassee, FL 32301

Division of Corporations
SUBJECT: Monticello Commons LLLP (Name of Florida Limited Partnership or Limited Liability Lamited Partnership)
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  Vivian Powers  (Contact Person)
Monticello Connon LLLP (FimuCompany)
270 W. how England Ave
Winter Park FU 32789 (City, State and Zip Code)
For further information concerning this matter, please call:
V. Vi an Powers at (407) 629 2040 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
S52.50 Filing Fee S61.25 Filing Fee S105.00 Filing Fee and Certificate of and Certified Copy Status  Pray, Sent \$2500
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

## CERTIFICATE OF DISSOLUTION FOR

Monticello Comm	rons LL	<u> </u>		
(Name of Florida Limited Partnership or	· Limited Liabili	ty Limited Partn	iership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on 4 document number A 1900000 Dissolution.	ed partnership	, whose certi	ficate was file , assigne	d with the d Florida
FIRST: Reason for dissolution: (S	State why part	nership is sub	omitting disso	lution)
Business Never stat	tel			
	<del></del> -			
SECOND: A Notice of Dissol (Check box if a		ned.		
<b>THIRD:</b> Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	s not meet the ap	plicable statuto	document is file ry filing requirer	
Signatures of each general partner or the p	erson appointed	pursuant to s. 61	20.1803(3) or (4	), F.S.:
	_		-	1020 FEB
	_			
Filing Fee:	\$52.50			-5 HENT ASSEE
Certified Copy (optional):	\$52.50 \$8.75			OF S
Certificate of Status (optional):	30./3			

## 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:
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
270 W. New England Ave. W. nter Park, FL 32789
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:
Marc Hode Printed Name Signature

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