

A21995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

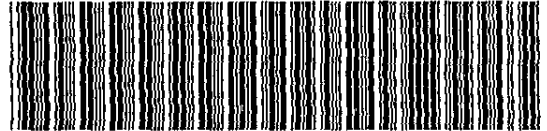
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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04/17/06--01040--018 \*\*52.50

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SECRETARY OF STATE  
2006 APR 17 PM 2:07

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Indian Trails, 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:**

David A. Russell  
(Contact Person)

(Firm/Company)

P.O. BOX 757  
(Address)

Crestview, Fl 32536  
(City, State and Zip Code)

**For further information concerning this matter, please call:**

David A. Russell at ( 850 ) 682-6156  
(Name of Contact Person) (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

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SECRETARY OF STATE  
DIVISION OF RECORDS  
2006 APR 17 PM 2:08

**CERTIFICATE OF DISSOLUTION  
FOR**

Indian Trails, 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 01-01-1987, hereby submits this Certificate of Dissolution.

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

Real estate development is completed

**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.:

David A. Russell  
David A. Russell

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

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2006 APR 17 PM 2:08

**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:

INDIAN TRAILS, LTD

Description of information that must be included in a claim:

SUBMITTERS FUEL CONTACT INFORMATION

DESCRIPTION & DATES OF WORK PERFORMED

COPIES OF CLAIMS (INVOICES ECT).

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

INDIAN TRAILS, LTD

P.O. BOX 757

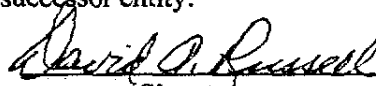
CRESTVIEW, FL 32536

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:

DAVID A. RUSSELL

Printed Name

  
Signature

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

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2006 APR 17 PM 2:08