

A22687

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2010

WILLIAM A. MOTSCH
HONTOON MANAGEMENT CORPORATION
5400 RANDOM WAY
LOUISVILLE, KY 40202

SUBJECT: HONTOON LANDING MARINA LIMITED PARTNERSHIP
Ref. Number: A22687

We have received your document for HONTOON LANDING MARINA LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00004440

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TALLAHASSEE, FLORIDA

0214

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HONTOON LANDING MARINA LIMITED PARTNERSHIP
(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:

WILLIAM A. MOTSCH

(Contact Person)

HONTOON MANAGEMENT CORPORATION

(Firm/Company)

5400 RANDOM WAY

(Address)

LOUISVILLE, KY 40202

(City, State and Zip Code)

For further information concerning this matter, please call:

WILLIAM A. MOTSCH

(Name of Contact Person)

at (502) 499-1835

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 15 AM 10:52

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**CERTIFICATE OF DISSOLUTION
FOR**

HONTOON LANDING MARINA LIMITED PARTNERSHIP

(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 6/6/1986, assigned Florida document number A22687, hereby submits this Certificate of Dissolution.

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

PURSUANT TO THE TERMS OF THE PARTNERSHIP AGREEMENT, THE GENERAL

PARTNER HAS AUTHORIZED THE DISSOLUTION OF THE PARTNERSHIP

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.:

HONTOON MANAGEMENT CORPORATION

By: William A. Motsch

WILLIAM A. MOTSCH, Vice President

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

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10 MAR 15 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

HONTOON LANDING MARINA LIMITED PARTNERSHIP

Description of information that must be included in a claim:

NAME OF CLAIMANT

ADDRESS AND TELEPHONE NUMBER OF CLAIMANT

BASIS FOR CLAIM

COPIES OF ALL SUPPORTING DOCUMENTS

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

WILLIAM A. MOTSCH

HONTOON LANDING MARINA LIMITED PARTNERSHIP

5400 RANDOM WAY

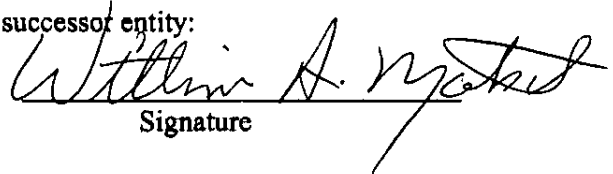
LOUISVILLE, KY 40202

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:

HONTOON MANAGEMENT CORPORATION
WILLIAM A. MOTSCH, AS VICE-PRESIDENT

Printed Name



Signature

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

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TALLAHASSEE, FLORIDA