

A 22719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

A 22719

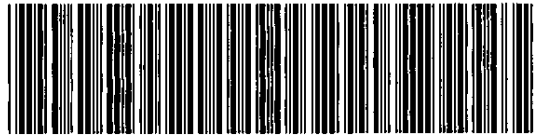
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/10--01056--003 **52.50

FILED
10 APR 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell MAY - 4 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2010

ROBERTA C. BIRCH
4110 SOUTHPOINT BLVD,
SUITE 104
JACKSONVILLE, FL 32216

SUBJECT: SOUTHPOINT SQUARE I, LTD.
Ref. Number: A22719

We have received your document for SOUTHPOINT SQUARE I, LTD. 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.

This document was received in our office on 4/23/10.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 210A00010237

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southpoint Square I, 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:

Roberta C. Birch
(Contact Person)

Southpoint Square II, Ltd.
(Firm/Company)

4110 Southpoint Blvd., Suite 104
(Address)

Jacksonville, Florida 3216
(City, State and Zip Code)

For further information concerning this matter, please call:

Roberta Birch at (904) 281-9105
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
10 APR 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Southpoint Square I, 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 June 11, 1986, assigned Florida document number A22719, hereby submits this Certificate of Dissolution.

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

Discontinued business.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

APRIL 23rd,

THIRD: Effective date, if other than the date of filing: ~~February 16, 2010~~ APR 23/2010 *RB*

(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.:

Robert C. Birch

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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
10 APR 23 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Southpoint Square I, Ltd.

Description of information that must be included in a claim:

Legal entity with claim, date of claim, date of action causing claim, court of jurisdiction, all parties in claim

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

Southpoint Square II, Ltd.

4110 Southpoint Blvd., Suite 104

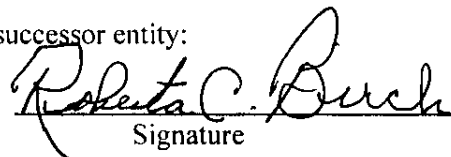
Jacksonville, Florida 32216

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:

Roberta C. Birch

Printed Name


Signature

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