

A25579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

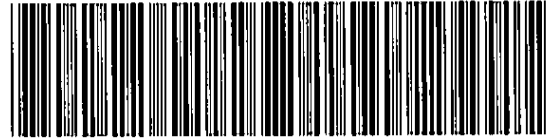
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2020 MAR 27 AM 8:47
SUNNYSIDE
TALLAHASSEE, FL

20 MAR 27 11:12:02

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APR 01 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2020

INCORPORATING SERVICES LTD

SUBJECT: DEERPOD ASSOCIATES, LTD.
Ref. Number: A25579

*Corrected!!
Please honor the
original submission
date as the file
date, thank!!*

We have received your document for DEERPOD ASSOCIATES, 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):

Please remove the wording Certificate of Termination.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00006854

20 MAR 31 11:12:17

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/27/2020

PRIORITY Routine

OUR REF # (Order ID#) 817543

ORDER ENTITY
DEERPOD ASSOCIATES, LTD.

PLEASE PERFORM THE FOLLOWING SERVICES:
DEERPOD ASSOCIATES, LTD. (FL)

File the attached dissolution document

NOTES:
\$52.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**CERTIFICATE OF DISSOLUTION
FOR**

Deerpod Associates, 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 11/30/1987, assigned Florida document number A25579, hereby submits this Certificate of Dissolution.

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

The limited partnership or limited liability limited partnership has completed winding up its affairs.

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Jerry Podolsky
Jerry Podolsky, General Partner

Steven Podolsky
Steven Podolsky, Vice President of Mipod, Inc.,
General Partner

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

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STATE

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