

# A25758

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

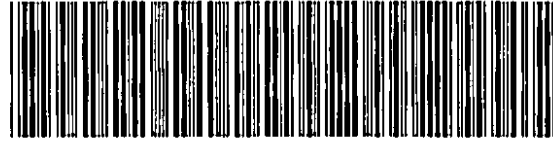
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FALLS CHURCH, VIRGINIA

DEC 12 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Austin Vista Equities Limited  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John I. Van Voris, Esq.  
(Contact Person)

GrayRobinson, P.A.  
(Firm/Company)

401 East Jackson Street, Suite 2700  
(Address)

Tampa, Florida 33602  
(City, State and Zip Code)

For further information concerning this matter, please call:

John I. Van Voris, Esq. at ( 813 ) 273-5046  
(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

**NOTICE OF DISSOLUTION FOR  
FLORIDA LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807, F.S.

NAME OF DISSOLVED LIMITED PARTNERSHIP:

AUSTIN VISTA EQUITIES LIMITED

DATE OF DISSOLUTION

September 23, 2016

DESCRIPTION OF INFORMATION THAT MUST BE INCLUDED IN CLAIM

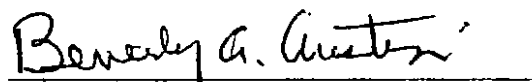
1. Name of Claimant
2. Address of Claimant
3. Amount of Claim(s)
4. Description of facts giving rise to Claim
5. Claimant contact person and contact information

MAILING ADDRESS WHERE CLAIMS CAN BE SENT (Claims cannot be sent to the Florida Department of State)

Austin Vista Equities Limited  
c/o Nelson Guagliardo  
811 S. Woodlyn Drive  
Tampa, FL 33609

A claim against the above named limited partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice

SIGNATURE OF GENERAL PARTNER OF AUSTIN VISTA EQUITIES LIMITED:

  
Beverly A. Austin, General Partner,  
Austin Vista Equities Limited

17 DEC 11 PM 2:25  
TALLAHASSEE, FLORIDA