A27700

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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We I State

Division of Corporations

July 15, 2014

JEAN RAYBURN 1301 1ST AVE., SUITE 200 SEATTLE, WA 98101

SUBJECT: HEARTLAND LAKELAND FLORIDA LIMITED PARTNERSHIP

Ref. Number: A27700

We have received your document for HEARTLAND LAKELAND FLORIDA 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):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00015122

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HEAR-Iland Lakeland Florida Limited Partnership (Name of Florida Limited Partnership)
The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JEan Rayburn (Contact Person)
Tean Rayburn (Contact Person) Iterations LLC (Firm/Company)
1301 First Ave. Suits 200 (Address) Serme WA 98101 (City, State and Zip Code)
SEAME, WA 98101
(City, State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (206) 682-2500 est 143 (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee Solution Status Solution Sta
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

Name of Florida Limited Po	12-d Flu artnership or Lir	رزلم mited Liabil	Lin. +sd ity Limited Pa	Partn rtnership)	ershif	<u>_</u>	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A 27700 Dissolution.	n 620.1203, F ed partnershi	Florida Sta p, whose o	tutes, this F certificate w	lorida limi as filed wi	ited th the		
FIRST: Reason for dissolution: (S	State why par	tnership is	submitting	dissolutio	n)		
Partnership Mosso	l and f.	nal to	× (5-1 V11	~ S CO~	pleted	<u>.</u>	
	<u> </u>					_	
						_	
SECOND: A Notice of Disso (Check box if atta		ched.				_	
THIRD: Effective date, if other than the o	date of filing:					,	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days a	ifter the date	this documen	it is filed by i	the Florid	la	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person	appointed	pursuant to				
						2017 AUG	
	_				<u> 66 27</u>	- [.]	arrisa Pane
Filing Fee:	\$52.50					7	Property of the Control of the Contr
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				三五三	\(\frac{1}{2}\)	Minerale Ji
* • /					ا تراز مشر	<u> </u>	