

A30904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

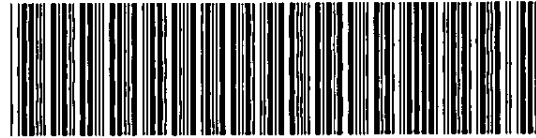
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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TO ALL FILING OFFICES  
SUFFICIENT FOR FILING

2014 APR 30 PM 2:43

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2014 MAY 09 AM 11:00

611-1111

B. BOSTICK

MAY - 1 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 0997487 4728029  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 52.50

ORDER DATE : April 18, 2014

ORDER TIME : 9:27 AM \*\*PLEASE FILE 2ND\*\*

ORDER NO. : 099748-005

CUSTOMER NO: 4728029

DOMESTIC FILINGS

NAME: LECCESE SOUTH VILLAGE, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

2014 APR 18 10:45 AM

099748-005

LECCESE SOUTH VILLAGE, LTD.

|  |                |
|--|----------------|
| <b>Filing Fee:</b>                       | <b>\$52.50</b> |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b> |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

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**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:

LECCESE SOUTH VILLAGE, LTD.

Description of information that must be included in a claim:

DESCRIPTION AND DATES OF CLAIMS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

LECESSE DEVELOPMENT CORP.

650 SOUTH NORTHLAKE BLVD., SUITE 450

ALTAMONTE SPRINGS, FLORIDA 32701

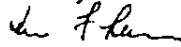
\_\_\_\_\_

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:

SALVADOR F. LECCESE

Printed Name



Signature

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

RECEIVED  
JAN 10 2007  
CLERK OF COURT  
JAN 10 2007