

A31008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

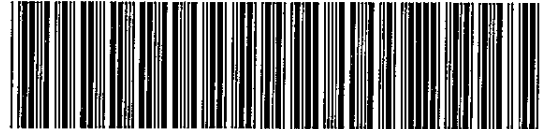
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12/31

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2005 DEC 29 AM 10:16

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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GWYNN, DELOACH & SORENSON, P.A.**  
*Attorneys at Law*

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Post Office Box 4128  
Tallahassee, Florida 32315-4128

Telephone: (850) 386-3300  
Facsimile: (850) 386-3663

December 29, 2005

**EFFECTIVE DATE**  
12/31/05

**FILED**  
2006 DEC 29 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Dear Sir or Madam:

Enclosed please find the Certificate of Dissolution for INDAV, LTD. to be filed and the \$52.20 filing fee.

Thank you for your assistance in this matter. If you have any questions or concerns, please don't hesitate to call.

Sincerely,

*Jerica L. deMontmollin*

Jerica L. deMontmollin  
Certified Legal Assistant

/jld  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDAV, 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:

George H. Gwynn

(Contact Person)

Williams, Gautier, Gwynn, DeLoach & Sorenson, P.A.

(Firm/Company)

Post Office Box 4128

(Address)

Tallahassee, Florida 32315

(City, State and Zip Code)

For further information concerning this matter, please call:

Jake Kiker

(Name of Contact Person)

at ( 850 ) 386-3300

(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

**EFFECTIVE DATE**

12/31/05

2006 DEC 29 AM 10:16  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION  
FOR**

**INDAV, LTD.**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)  
620.113

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 December 28, 1990, hereby submits this Certificate of Dissolution.

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

The partners desire to end relationship and distribute  
assets.

**EFFECTIVE DATE**  
12/31/05

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

**THIRD:** Effective date, if other than the date of filing: December 31, 2005

*(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  
~~620.1893(3) or (4), F.S.~~ 620.113 F.S.

Way A. Donaghy

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

**FILED**  
2005 DEC 29 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA