## #A94000000180

(Requestor's Name)
(Address)
(6.11
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400244490804

400244490804 12/31/12--01032--002 \*\*25.00

02/11/13--01037--001 \*\*27.50

PILED

12 DEC 31 PM 1: 38

NOVELLAR OF SIME

K.SALY EXAMINER FEB 11 2013



January 4, 2013

EDITH NUSSLI P.O. BOX 10893 POMPONO BEACH, FL 33061

SUBJECT: BOARDWALK VENTURES, LTD.

Ref. Number: A9400000180

We have received your document for BOARDWALK VENTURES, LTD. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 113A00000306

Karen A Saly Regulatory Specialist II

www.sunbiz.org



January 29, 2013

EDITH NUSSLI P.O. BOX 10893 POMPANO BEACH, FL 33061

SUBJECT: BOARDWALK VENTURES, LTD.

Ref. Number: A9400000180

We have received your document for BOARDWALK VENTURES, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 013A00002220

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: BOARDWALK	VENTURES 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	g this matter to:			
EDITH NUSSI (Contact Person)				
(Firm/Company)				
P 2 Bax 108	92			
$\mathbb{P}.\mathfrak{d}.\mathbb{R} \times \mathbb{Q} \times \mathbb{Q}$				
0 0 0	22 /1			
POMPANO BEACH FL 33061 (City, State and Zip Code)				
(City, State and Zip Code)	•			
For further information concerning this matter, please call:				
FAITH NUCCI	at (954) 786 0348			
(Name of Contact Person)	_at ( <u>954</u> ) <u>786</u> <u>0348</u> (Area Code and Daytime Telephone Number)			
Enclosed is a check for the following amou				
\$52.50 Filing Fee Status  \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy  Certified Copy, and Certificate of Status			
STREET ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 32301	1 41141145500, 1 15 52517			

## CERTIFICATE OF DISSOLUTION

,	1.4	
BOARDWAI	CATE OF DISSOLUTION FOR  VENTURE artnership or Limited Liability Limited	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on_document number_A94000000 Dissolution.	ed partnership, whose certificate	was filed with the
FIRST: Reason for dissolution: (S	State why partnership is submitti	ing dissolution)
BUSINESS NO	ACTIVITY (PRO	PERTIES ROLD)
<u> </u>		
SECOND: A Notice of Disso (Check box if atta		
THIRD: Effective date, if other than the o	late of filing: 12   31   20	12
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this docum	nent is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant	to
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

## 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 Partn	ership or Limited Liabili	ty Limited Partnership:
BOARDWALK	VENTURES	LTD
Description of information that m	ust be included in a clain	n:
Mailing address where claims car Department of State.)	be sent: (Claims cannot	t be sent to the Florida
70. Box 10	893	
POBOX 10	KEACH, FL	33061
A claim against the above named partnership will be barred unless a 4 years after the filing of the notice.	a proceeding to enforce tl	
Signature of a general partner or a	principal of the successe	or entity:
EDITH NUSSLI		the
Printed Name		Signature

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

\$52.50.