

A95000001424

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DIVISION OF CORPORATIONS  
07 APR - 2 PM 1:48

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2007

From: MARLENE MARCHAND  
P.O. BOX 11464  
NAPLES, FL 34101

SUBJECT: OLDE FLORIDA INVESTMENTS, LTD.  
Ref. Number: A95000001424

FILED STATE'S  
SECRETARY OF CORPORATIONS  
07 APR - 2 PM 1:14B

We have received your document for OLDE FLORIDA INVESTMENTS, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 407A00013823

3/26/07

In reply to this letter, enclosed is the return of the "signed Statement of Termination" plus a cover letter, Certificate of Dissolution, and a signed Statement of Dissolution. I trust this concludes this transaction. Thank you

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Olde Florida Investments, 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:

Marlene Marchand

(Contact Person)

(Firm/Company)

P.O Box 11464

(Address)

Naples, FL 34101

(City, State and Zip Code)

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Thomas F. Hudgins at ( 239 ) 263-7660  
(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

**CERTIFICATE OF DISSOLUTION  
FOR**

**OLDE FLORIDA INVESTMENTS, LTD.**

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

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 September 22, 1995, hereby submits this Certificate of Dissolution.

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

The partnership has wound up its affairs and does not  
conduct any further business in the state of Florida.

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

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

(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 s. 620.1803(3) or (4), F.S.:

*L. Sanchez*  
President

*Olde Fl. Investments, Inc.*

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

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DIVISION OF CORPORATIONS  
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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:

OLDE FLORIDA INVESTMENTS, LTD.

Description of information that must be included in a claim:

the nature of the claim, whether it is contingent or

liquidated, the name and address of the claimant,

the claimant's attorney (if any) and the mailing address

of the claimant.

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

C/O Thomas F. Hudgins

801 12th Avenue South, suite 200

Naples, FL 34102

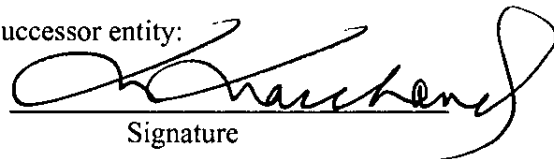
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A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Marlene Marchand, as Pres.

Printed Name



Signature

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