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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PiCK-UP WAIT MAIL
(Business Entity Name)
(Business Chury Name)
(Document Number)
Certified Copies Certificates of Status
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Charles Instructions to Filips Officer
Special Instructions to Filing Officer:
Linda NY Davideave
authorization by PHONE TO CORRECTE FLECTIVE date
DATE 2/12/09
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Office Use Only



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SECKETARY OF STATE

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COVER LETTER

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TO: Registration Section Division of Corpora		
SUBJECT: Aucilla Sho (Name of Florida	ores, Ltd. Limited Partnership or L	imited Liability Limited Partnership)
The enclosed Certificate of	Dissolution and fee((s) are submitted for filing.
Please return all correspond	dence concerning this	s matter to:
Linda McDavid		
(Còr	ntact Person)	
(Fire	m/Company)	· · · · · · · · · · · · · · · · · · ·
PO Box 357845	. <u></u>	
((Address)	
Gainesville, FL 32635		
(City, St	ate and Zip Code)	
For further information cor Linda McDavid	at ((352) 334-1976
(Name of Contact Pers	on)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the	following amount:	
	Certificate of and	\$105.00 Filing Fee d Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section		MAILING ADDRESS:
Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle	Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		Division of Corporations P. O. Box 6327

CERTIFICATE OF DISSOLUTION FOR

F [E [] 09 FEB | 1 AM 10: 53

Aucilla Shores, Ltd.	SEURETARY OF STAT TALL AHASSEE FLORIC artnership or Limited Liability Limited Partnership
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership)
partnership or limited liability limited	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 30/1995, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
By consent of all general partners and	of all limited partners
SECOND: A Notice of Disso (Check box if atta	ched.)
THIRD: Effective date, if other than the c	date of filing: 2111 09
	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of	or the person appointed pursuant to
s. 629_1803(3) or (4), F.S.:	
Dennis G. Lee.	
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$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 Partnership or Limited Liability Limited Partnership:
Aucilla Shores, Ltd.
Description of information that must be included in a claim:
Identity and physical address of claimant, name of claim, time period of events giving rise to the claim
and description of documents and other facts forming the basis of claim.
·
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Post Office Box 357845, Gainesville, FL 32635
RID.
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:
Dennis G. Lee Jennin 7 de
Printed Name Signature

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