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C. LEWIS

APR 1 6 2009

EXAMINER

## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: DISSOLUTION OF KOUNTREE RV, LTD. **DOCUMENT NUMBER:** A96000000202 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: FRITZ O.P. CHRISTINAT (Name of Contact Person) KOUNTREE RV, LTD. (Firm/Company) 11940 GLENMORE DRIVE (Address) CORAL SPRINGS, FLORIDA 33071-7805 (City/State and Zip Code) For further information concerning this matter, please call: FRITZ CHRISTINAT (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & ☑ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301



February 26, 2009

FRITZ O.P. CHRISTINAT KOUNTREE RV, LTD. 11940 GLENMORE DR. CORAL SPRINGS, FL. 33071-7805

SUBJECT: KOUNTREE RV, LTD. Ref. Number: A96000000202

We have received your document for KOUNTREE RV, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 409A00006779

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

## COVER LETTER

TO:	Registration of	n Section Corporations	•	
SUBJ	ECT: KO	UNTREE RV, LTD. FFlorida Limhed Partnershi	p or Limited Liability Lim	ited Partnership)
The e	nclosed Certi	ficate of Dissolution and	d fec(s) are submitted	for filing.
Pleas	e return all co	rrespondence concerning	g this matter to:	
	FRITZ	O.P. Christina (Contact Person)	t	
	<del></del>	(Firm/Company)	-	
	11940	GLENMORE DRIVE	l	
<b>-</b>		(Address)		
	CORAL	SPRINGS, FLORI	DA 33071-7805	
<u></u>		(City, State and Zip Code)		
For fi	arther informa	ation concerning this ma	atter, please call:	
FRI	Z CHRIS	CINAT		31_8570
	(Name of Co	ntact Person)	(Area Code and D	Paytime Telephone Number)
Enclo	sed is a chec	k for the following amou	unt:	
°□ \$52	so enuigette	**XX \$61.25 Filing Fee and Certificate of Status	Sto5.00 Filing Fee and Certified Copy	Certified Copy, and Sertificate 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

2009 APR 15 PM 12: 40

SECRETARY OF STATE
TALL AHASSEE. FLORIDA

KOUNTREE RV, LTD.

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

(14mme of Propins Chimed P	enrieramb of i	Diffice Cisotity Cimited Latricistib)				
partnership or limited liability limit Florida Department of State on document number A96000000	ed partners	3, Florida Statutes, this Florida limited ship, whose certificate was filed with the 996, assigned Florida hereby submits this Certificate of				
Dissolution.						
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)						
	· · · · · · · · · · · · · · · · · · ·					
BUSINESS SOLD, NO F	URTHER	PARTNERSHIP ACTIVITY				
IS ANTICIPATED						
SECOND: A Notice of Disso (Check box if atta THIRD: Effective date, if other than the a (Effective date cannot be prior to nor more Department of State.)	iched.)	12 21 2000				
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:  The western	or the person	on appointed pursuant to				
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					