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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
CORKSCREW VILLAGE PARTNERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

11 MAR 10 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 10 AM 9:43

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Corporate Filing Menu

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G. MCLEOD

MAR 11 2011

EXAMINER 3/10/2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORKSCREW VILLAGE PARTNERS, 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:

Audrey Blewins, Senior Paralegal
(Contact Person)

Frost Brown Todd LLC
(Firm/Company)

250 West Main Street, Suite 2800
(Address)

Lexington, Kentucky 40507
(City, State and Zip Code)

For further information concerning this matter, please call:

Audrey Blewins at (859) 244-3210
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

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11 MAR 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

CORKSCREW VILLAGE PARTNERS, 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 08/01/1998, assigned Florida document number A88000000429, hereby submits this Certificate of Dissolution.

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

The reason for filing of the Certificate of Dissolution is the limited partnership has ceased

transacting business.

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.:

Corkscrew Partners, Inc., General Partner

By: [Signature]
Mr. Kevin P. Bailey, Treasurer Vice President

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 10 AM 9:43

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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:

CORKSCREW VILLAGE PARTNERS, LTD.

Description of information that must be included in a claim:

1. The name and address of the claimant.

2. A brief description of the nature of the claim.

3. The date the claim was incurred.

4. The amount of the claim, including any payment terms.

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

Mr. Kevin P. Riley, Chief Financial Officer

North American Properties

212 East Third Street, Suite 300

Cincinnati, OH 45202

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 52

Corkscrew Partners, Inc., General Partner

By: Kevin P. Riley, Treasurer FILE PRESIDENT

Printed Name

[Signature]
Signature

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