

A970000000293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Correction Per Conversation  
with Margaret 1/16/2018  
KS

Disc.

Office Use Only



300305383983

01/04/18--01005--019 \*\*52.50

STATE DEPT OF REVENUE  
DIVISION OF CORPORATIONS  
18 JAN 16 PM 4:44

K. SALY

JAN 16 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PICERNE LAKE WESTON APARTMENTS LIMITED PARTNERSHIP

(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:  
JAN HEFLINGER

(Contact Person)

PICERNE DEVELOPMENT CORP

(Firm/Company)

247 N. WESTMONTE DR

(Address)

ALTAMONTE SPRINGS, FL 32707

(City, State and Zip Code)

For further information concerning this matter, please call:

JAN HEFLINGER

at (

407

772-0200

(Area Code)

(Daytime Telephone Number)

(Name of Contact Person)

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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**18 JAN 16 PH 4:44**

PICERNE LAKE WESTON APARTMENTS LIMITED PARTNERSHIP

(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 02/03/1997, assigned Florida document number A97000000293, hereby submits this Certificate of Dissolution.

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

NO LONGER CONDUCTING BUSINESS

**SECOND:** ☒ A Notice of Dissolution is attached.

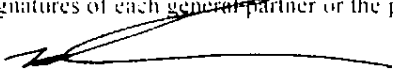
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 12/31/2017

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2018

PICERNE DEVELOPMENT CORP  
JAN HEFLINGER  
247 N WESTMONTE DR.  
ALTAMONTE SPRINGS, FL 32707

SUBJECT: PICERNE LAKE WESTON APARTMENTS LIMITED PARTNERSHIP  
Ref. Number: A97000000293

We have received your document for PICERNE LAKE WESTON APARTMENTS LIMITED PARTNERSHIP 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 Notice of Dissolution must contain a description of information that should be included in a written claim.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00000342