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(((H110000692273)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM ACCOUNT Number : FCA0000 Phone : (850)222-10-20 [6]

date of submission Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP VANAIR PARTNERS, LTD.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$52.50 |

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Filing Menu

Corporate Filing Menu

MAR 1 7 2011

EXAMINER



March 16, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VANAIR FARTNERS, LTD. 7500 COLLEGE FARKWAY FT. MYERS, FL 33907

SUBJECT: VANAIR PARTNERS, LTD.

REF: A97000002100

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

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Carolyn Lewis FAX Aud. #: H11000063963
Regulatory Specialist II Letter Number: 111A00005985

Registration/Qualification Section

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SECRETARY OF STATE

LLAHASSEE, FLORID

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

| TO: Registration : Division of C | | • | | | |
|---|--|---|------------------------------|-----------|---|
| SUBJECT: VANAIF | R PARTNERS, LTD. Plorida Limited Partnershi | p or Lin | illed Liabili | ty Limit | ed Partnership) |
| The enclosed Certific | ate of Dissolution and | d fee(s) | are subir | iitted fi | or filing, |
| Please return all corre | espondence concernin | g this | natter to: | | |
| Audrey Blevins, Senior | Paralegal | | | _ | |
| | (Contact Person) | | | | |
| Frost Brown Todd LLC | | | | | |
| | (Firm/Company) | | | - | |
| 250 West Main Street, | Suite 2800 | | | | |
| | (Address) | | | - | |
| Laufenton Vontuntus 65 | \EA7 | | | | |
| Lexington, Kentucky 40 | City, State and Zip Code) | | - , | - | |
| , | sily a dialy initial raily isolary | | | | |
| For further information | on concerning this me | itter, pl | ease call: | | |
| Audrey Bievins | | at (| 859 |) 244- | 3210 |
| (Name of Conta | ct l'erson) | ·· \ | (Area Code | and Da | ytime Telephone Number) |
| Enclosed is a check f | or the following amou | int: | | | |
| 回 \$52,50 Filing For | ☐ \$61.25 Filing Fee and Certificate of Status | |)5,00 Filing ertified Cop | | S113.75 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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CERTIFICATE OF DISSOLUTION FOR

SECREJARY OF STATE TALLAHASSEE, FLORIDA

| VANAIR PARTNERS, LTD (Name of Plorida Limited ! | Partnership or Limited Liability Limited Partnership) | | | | |
|---|--|--|--|--|--|
| partnership or limited liability limi | on 620.1203, Florida Statutes, this Florida limited lited partnership, whose certificate was filed with the 428/1997 assigned Florida hereby submits this Certificate of | | | | |
| 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 Diss. (Check box if atte | | | | | |
| THYRD: Effective date, if other than the | date of filing: | | | | |
| (Effective date cannot be prior to nor mor Department of State.) | e than 90 days ofter the date this document is filed by the Florida | | | | |
| Signatures of each general partner as. 620.1803(3) or (4), F.S.: | or the person appointed pursuant to | | | | |
| | Ov: Kelly Palley, Freesmer Vice Pres, de | | | | |
| Filing Fee: | | | | | |
| Certified Copy (optional): Certificate of Status (optional): | \$52,50 \$8,75 | | | | |
| Centricate or brushe (obticital): | 40,72 | | | | |

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NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATE TABLAHASSEE: FUORIDA

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: VANAIR PARTNERS, LTD. Description of information that must be included in a claim: 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 Vanair, Inc., General Partner By: Kevin P. Riley, Treasurer Vite Meantens Printed Name

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