

A98000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

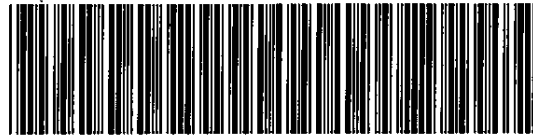
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/30/06--01041--012 \*\*61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 20 AM 9:26

W  
J. BRYAN AUG 31 2006

J. BRYAN SEP 21 2006



**ORANGE LAKE**  
Resort & Country Club

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DIVISION OF CORPORATIONS  
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August 25, 2006

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Certificate of Cancellation

Please see the attached Certificate of Cancellation for Orlando Bus, Ltd. to be submitted for filing, including check # 307516.

If there are any further question or concerns, please feel free to contact me directly at 407.905.1909.

Sincerely,

*Gabriel A. Kotch*

Gabriel A. Kotch, Esq.  
8505 W. Irlo Bronson Memorial Highway  
Kissimmee, FL 34747



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2006

GABRIEL A. KOTCH, ESQ.  
8505 W. IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE, FL 34747

SUBJECT: ORLANDO BUS, LTD.  
Ref. Number: A98000000249

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We have received your document for ORLANDO BUS, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 306A00053305

September 12, 2006

**VIA U.S. MAIL**

Leslie Sellers  
State of Florida  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

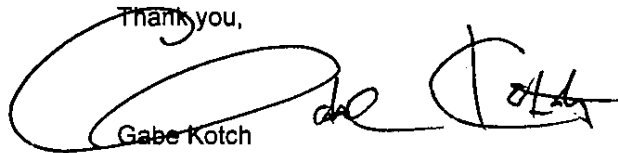
Re: Dissolution of Orlando Bus, Limited

Dear Ms. Sellers:

Enclosed please find the necessary documentation for dissolution of Orlando Bus Limited. We previously paid the \$61.25 fee on August 25, 2006 via our check number 307516.

Thank you for your time and attention to this matter. Please contact me with any questions or comments you may have.

Thank you,

A handwritten signature in black ink, appearing to read 'Gabe Kotch', is written over the typed name. The signature is stylized with a large loop at the beginning and a cross at the end.

Gabe Kotch

Enclosures

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DIVISION OF CORPORATIONS  
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COVER LETTER

Attention: Leslie Sellers  
TO: Registration Section  
Division of Corporations

SUBJECT: Orlando Bus, Ltd. (formerly known as Tourist Tips Transportation, Inc.)  
(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:

Gabriel Kotch

(Contact Person)

Orange Lake Country Club, Inc.

(Firm/Company)

8505 W. Irlo Bronson Mem. Hwy.

(Address)

Kissimmee, FL 34747

(City, State and Zip Code)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Gabriel Kotch at (407) 905-1909

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

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

- Fee was  
previously  
sent on  
8/25/06  
check  
#307516

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

**Orlando Bus, Ltd. (formerly known as Tourist Tips Transportation, Inc.)**

(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 January 27, 1998, hereby submits this Certificate of Dissolution.

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

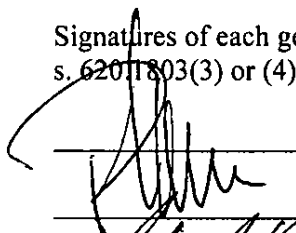
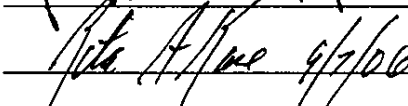
All partners of Orlando Bus, Ltd. have entered into an agreement dissolving and liquidating the Orlando Bus, Ltd. Florida limited partnership.

**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.:

 9/1/06  
 9/7/06

Rita Kane, RCA Group, Inc.

Pete Kane, Landsailor, Inc.

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

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DIVISION OF CORPORATIONS  
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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:

Orlando Bus, Ltd. (formerly known as Tourist Tips Transportation, Inc.)

Description of information that must be included in a claim:

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

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

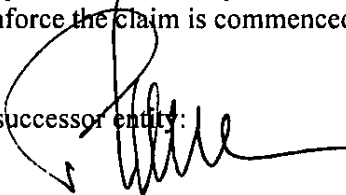
8505 W. Irlo Bronson Memorial Highway

Kissimmee, FL 34747

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:

Peter Kane  
Printed Name

  
Signature

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

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DIVISION OF CORPORATIONS  
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