

A9900000 1638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

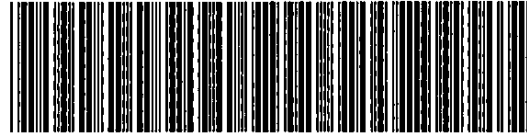
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10/17/06--01011--013 **17.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 17 AM 9:55

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2006

CHARLES M. HEFLIN
5279 FRIES AVENUE
NORTH PORT, FL 34288

SUBJECT: REMIT TITLE GROUP, LTD.
Ref. Number: A99000001638

We have received your document for REMIT TITLE GROUP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 606A00055415

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remit Title Group, LTD
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Charles M. Heflin
(Contact Person)

(Firm/Company)

5279 FRIES Ave.
(Address)

North Port, FL 34288
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles M. Heflin at (571) 278-8448
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee *35.00 previously paid.*
- \$61.25 Filing Fee and Certificate of Status *See Attached LTD*
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

SECRET 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

RECEIVED
00:08 AM
11/13/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 17 AM 9:55

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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:

Remit Title Group, Ltd.

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)

5279 FRIES Avenue
North Port, FL 34288

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 notice.

Signature of a general partner or a principal of the successor entity:

Charles M. Hefflin
Printed Name


Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50

06 OCT 17 AM 9:55
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TALLAHASSEE FLORIDA
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