

A9900000 1638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

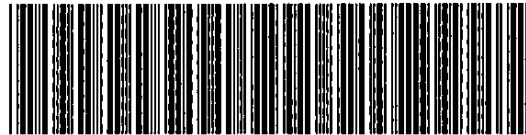
(Document Number)

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

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06 OCT 17 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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  
☐ \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 OCT 17 AM 9:55

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00:08 AM  
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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]

Signature

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

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