

A99000001687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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JUL 29 2008

EXAMINER



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07/28/08--01051--012 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUL 28 PM 4:02

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oaks 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:

Anthony A. Sutter

(Contact Person)

(Firm/Company)

239 Halliday Park Drive

(Address)

Tampa, Florida 33612

(City, State and Zip Code)

For further information concerning this matter, please call:

John P. Martin

(Name of Contact Person)

at ( 727 ) 467-9470

(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

CERTIFICATE OF DISSOLUTION  
FOR

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUL 28 PM 4: 02

Oaks 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 October 14, 1999, hereby submits this Certificate of Dissolution.

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

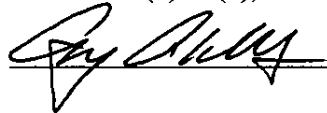
Tax and Estate Planning Purposes

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: 7/28/08

(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.:



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

**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:

Oaks Limited Partnership

Description of information that must be included in a claim:

Claimant Name

Claimant Address

Claimant Contact Number

Reason for Claim

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

Anthony A. Sutter

239 Halliday Park Drive

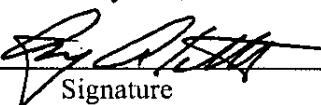
Tampa, FL 33612

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:

Anthony A. Sutter

Printed Name

  
Signature

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