

A99000002188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

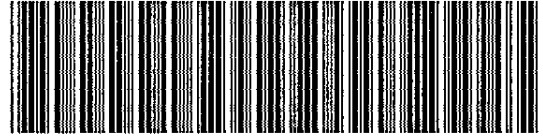
(Document Number)

Certified Copies _____

Certificates of Status _____

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03/07/06--01044--005 **113.75

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SECRETARY OF STATE
CLERK'S OFFICE

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A99-2188
QC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

KEVIN KASSEBAUM
7900 GLADES ROAD, SUITE 600
BOCA RATON, FL 33434

SUBJECT: TOPPEL CANTERFIELD LIMITED PARTNERSHIP
Ref. Number: A99000002188

We have received your document for TOPPEL CANTERFIELD LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing. *ok - 3/15/06*

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 006A00016420

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOPPEL CANTERFIELD LTD.
(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:

Kevin P. Kassebaum, CFO
(Contact Person)

TOPPEL PARTNERS
(Firm/Company)

7900 Glades Road, Suite 600
(Address)

Boca Raton, FL 33434
(City, State and Zip Code)

For further information concerning this matter, please call:

Kevin P. Kassebaum at (561) 451-4696
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input checked="" type="checkbox"/> \$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

2001 MAR 17 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

TOPPEL CANTERFIELD LTD.

(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 12/22/99, hereby submits this Certificate of Dissolution.

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

OUT-OF-BUSINESS

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.:

TOPPEL MANAGEMENT INC.

X 
MICHAEL TOPPEL, DIRECTOR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:

TOPPEL CANTERFIELD LTD.

Description of information that must be included in a claim:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Toppel Partners Ltd.

7900 Glades Road, Suite 600

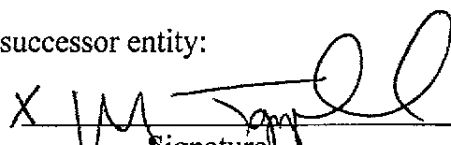
Boca Raton, FL 33434

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:

TOPPEL MANAGEMENT INC.

Printed Name

X 

Signature
MICHAEL TOPPEL, DIRECTOR

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