B97000000213

(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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01/04/21--01030--003 **35.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2021

LAWRENCE A. KRAUSE 100 LARKSPUR LANDING CIRCLE #200 LARKSPUR, CA 94939

SUBJECT: HERITAGE POMPANO SQUARE LP

Ref. Number: B9700000213

We have received your document for HERITAGE POMPANO SQUARE LP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

There is a balance due of \$17.50.

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) 245-6050.

Letter Number: 721A00003230

Irene Albritton Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Dissolution (Name of Florida Limited	Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence conce	
_	tate Services, tre.
	-Anding Circle 200 Address)
LAIKS PUT, (City, Sta	CALIFORNIA 94939 Ite and Zip Code)
For further information concerning thi	s matter, please call:
(Name of Contact Person)	at (415) 310-1244 (Daytime Telephone Number)
Enclosed is a check for the following a	amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

	ruk
(Name of Florida Limited Partnership of	BOMDAND Square LP
(Name of Florida Limited Partnership or	r Limited Liability Limited Partnership)
partnership or limited liability limit	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the many 19,208, assigned Florida politicate, hereby submits this Certificate of
	State why partnership is submitting dissolution)
No longe	r has any investment in Florida
,	1
SECOND: A Notice of Dissol (Check box if a	
THIRD: Effective date, if other than the	e date of filing: 12)31/2020
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida
	s not meet the applicable statutory filing requirements, this date will
not be used as the document's effective de	are on the Department of State S records.
Signatures of each general partner or the po	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Eiling Foot	\$57.50
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution	of Heritage Pompano Square LP
DOCUMENT NUMBER: B9700d000213	ν
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerning	-
LAWRENCE A. (Name of	KRAUSE (Contact Person)
KW Real Esta	te Selvices, INC.
(Fir	m/Company)
100 LARKSPUR LANG	ING Circle 200
LACKSPOR, CALLS (City/St.	ate and Zip Code)
LAWFENCE KRAUSE (Name of Contact Person)	at (<u>415-310-1244</u> (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
XI \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy (Additional copy is enclosed) ☐ \$data
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303