

L10000058823

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

Wrong form
J. BRYAN
FEB 16 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

CHERYL PARKER
LIMITLESS TRIBAL PARTNERS
8750 EXCHANGE DRIVE SUITE #3
ORLANDO, FL 32809

SUBJECT: LIMITLESS TRIBAL PARTNERS, LLC
Ref. Number: L10000058823

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11 FEB 15 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIMITLESS TRIBAL PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 611A00002027

*Attached please find corrected
Form + old form per your
above request for processing.
Thank you,*

*Call if any Problems
407-859-9225
Ch*

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Limitless Tribal Partners

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Cheryl Parker

(Name of Person)

Limitless Tribal Partners

(Firm/Company)

8750 Exchange Drive Suite #3

(Address)

Orlando, FL 32809

(City/State and Zip Code)

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11 FEB 15 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$25.00 Filing Fee

☐

30.00 Filing Fee &
Certificate of Status

☐

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
11 FEB 15 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Limtless Tribal Partners

2. The Articles of Organization were filed on 2/09/10 and assigned document number
L10000058823

3. The date the dissolution was approved: 12/31/10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

no work

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Cheryl B Parker

Cheryl B Parker