

AOL000000089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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01/16/15--01010--011 \*\*25.00

03/25/15--01022--010 \*\*27.50

STATE OF MARYLAND  
DEPARTMENT OF STATE

15 MAR 26 PM 7:29

FILED

2565  
707



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2015

LOUIS CARRON  
5715 BLUE SAVANNAH DR  
LEESBURG, FL 34748

SUBJECT: CARRON FAMILY LIMITED PARTNERSHIP  
Ref. Number: A02000000089

We have received your document for CARRON FAMILY LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 115A00001833

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARRON FAMILY LIMITED PARTNERSHIP  
(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:

Louis J. Carron, Sr  
(Name of Person)

Carron Family Limited Partnership  
(Firm/Company)

5715 Blue Savannah Drive  
(Address)

Leesburg, FL 34748  
(City/State and Zip Code)

For further information concerning this matter, please call:

Louis J. Carron, Sr. at ( 352 ) 787-9052  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
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

**CERTIFICATE OF DISSOLUTION  
FOR**

Carron Family 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 01/22/2002, assigned Florida document number A0200000089, hereby submits this Certificate of Dissolution.

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

All assets (properties) have been sold.

**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.:

Louis J. Carroux Sr.

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15 MAR 26 PM 7:29

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