

A03000000037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

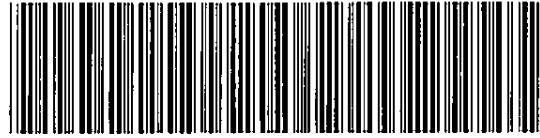
(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JAN -2 AM10:45
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TALLAHASSEE, FL

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TURNER & LYNN, P. A.
ATTORNEYS AT LAW

Vernon W. Turner (1917-2000)
Sandra T. Lynn
John Michael Lynn

7 Barracuda Lane
Key Largo, FL 33037
Telephone: (305) 367-0911
Fax: (305) 367-0915

December 30, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Re: Phoebe vonP. Krome Family Limited Partnership
Certificate of Dissolution**

Gentlemen/Ladies:

Enclosed please find our Turner & Lynn, P.A. Fee check in the amount of **\$61.25** payable to Florida Department of State for the filing fee and certificate of status of Phoebe vonP. Krome Family Limited Partnership.

If you have any questions, please contact our office.

Very truly yours,

TURNER & LYNN, P. A.

By: _____

JOHN MICHAEL LYNN, ESQ.

JML:
Enclosures

RECEIVED
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JAN 2 2025
TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHOEBE VONP. KROME FAMILY 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:
John Michael Lynn, Esq.

(Contact Person)

Turner & Lynn, PA

(Firm/Company)

7 Barracuda Ln

(Address)

Key Largo, FL 33037

(City, State and Zip Code)

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2025 JAN -2 AM 10:45
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TALLAHASSEE, FL

For further information concerning this matter, please call:

John Michael Lynn at (305) 367-0911
(Name of Contact Person) (Area Code) (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**

PHOEBE VONP. KROME 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 12/31/2002, assigned Florida document number A03000000037, hereby submits this Certificate of Dissolution.

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

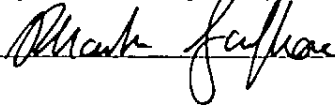
Unanimous consent of partners

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

THIRD: Effective date, if other than the date of filing: 12/31/2024
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN -2 AM 10:45

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