

A04897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

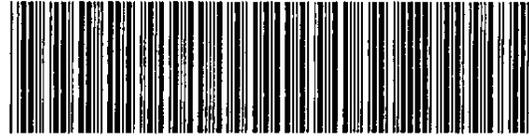
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/11--01021--012 **17.50

03/01/11--01014--008 **35.00

FILED
2011 APR 29 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
May 2 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2011

JAMES C. GALBRIATH
1976 GALBRAITH I LIMITED PARTNERSHIP
PO BOX 4920
ORLANDO, FL 32801

SUBJECT: 1976 GALBRAITH I LIMITED PARTNERSHIP
Ref. Number: A04897

We have received your document for 1976 GALBRAITH I LIMITED PARTNERSHIP and check(s) totaling \$35.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$17.50 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 211A00005778

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1976 Gabraith I 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:

Patty Robinson
(Contact Person)

(Firm/Company)

P.O. Box 4920
(Address)

Orlando, FL 32801
(City, State and Zip Code)

For further information concerning this matter, please call:

Patty Robinson at (407) 435-2506
(Name of Contact Person) (Area Code and 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

FILED

CERTIFICATE OF DISSOLUTION
FOR

2011 APR 29 PM 12:08

1976 Galbraith I Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 ~~5/13/1976~~ 5/13/1976 assigned Florida document number A 04897, hereby submits this Certificate of Dissolution.

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

Entity Closing

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.:

James Galbraith

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

NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

2011 APR 29 PM 10 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

1976 Galbraith I Limited Partnership

Description of information that must be included in a claim:

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

PO. Box 4920
Orlando, FL 32801

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:

JAMES C GALBRAITH
Printed Name

James C Galbraith
Signature

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