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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

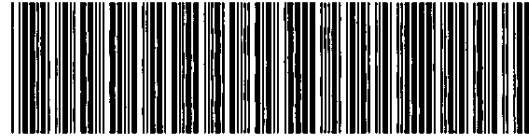
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/14/13--01016--004 **52.50

FILED
13 NOV 14 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 18 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAK Family Limited Partnership

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

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

Please return all correspondence concerning this matter to:

David Masters

(Contact Person)

(Firm/Company)

24 Iron Clad Dr.

(Address)

Salem, SC 29676

(City, State and Zip Code)

For further information concerning this matter, please call:

Dave Masters

(Name of Contact Person)

at (239) 872-1872

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
13 NOV 14 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAK 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 01/04/2011 1/4/2011, assigned Florida document number A11000000020, hereby submits this Certificate of Dissolution.

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

No longer in business

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.:

David Masters

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**

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:

DAK Family Limited Partnership

Description of information that must be included in a claim:

Date, time, place and persons involved.

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

24 Iron Clad Dr.

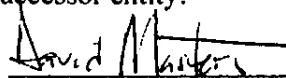
Salem, SC 29676

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 notice.

Signature of a general partner or a principal of the successor entity:

David Masters

Printed Name



Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50