

A22509
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.
 Account Number : 076077002775
 Phone : (407)246-8678
 Fax Number : (407)423-7014

**DISS/TERM/CANCEL/REV OF LP/LLP
 L-3, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

RECEIVED
 2016 JAN 21 PM 3:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2016 JAN 21 AM 9:01
 TALLAHASSEE FLORIDA

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JAN 22 2016
 J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L-3, Ltd.
(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:

Randolph J. Rush
(Contact Person)

Winderweedle, Haines, Ward & Woodman, P.A.
(Firm/Company)

329 Park Avenue North, Second Floor
(Address)

Winter Park, FL 32789
(City, State and Zip Code)

For further information concerning this matter, please call:

Randolph J. Rush at (407) 246-8413
(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

(((H16000017607 3)))

**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. 620.1607, 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:

L-3, Ltd.

Description of information that must be included in a claim:

The claim must be in writing and must state the name of the claimant,
the date the claim arose or accrued, a description of the claim, and
the amount of the claim.

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

L-3, Ltd., Attn: R Rush

c/o Winderweede, Haines, Ward & Woodman, P.A.

P.O. Box 880

Winter Park, FL 32790-0880

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:

Lecann W. Davis, as Chief Operating Officer
of San Pasqual Fiduciary Trust Company,

Lecann W. Davis

Printed Name
as Trustee of Silfam Survivor's Trust U/A
dated 4/19/13, as General Partner

Signature

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 21 AM 9:01

FILED

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