

A93000000 849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

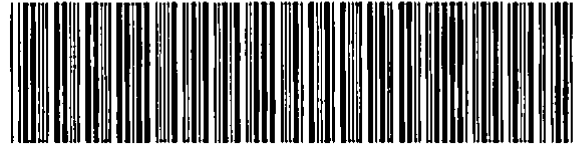
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/26/18--01007--024 **25.00

02/21/19--01002--026 **27.50

FILED

2019 FEB 22 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FL

12/26/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

THE SHELP FAMILY LIMITED PARTNERSHIP
10310 S OCEAN DR #708
JENSEN BEACH, FL 34957

SUBJECT: THE SHELP FAMILY LIMITED PARTNERSHIP
Ref. Number: A93000000849

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

The document you have submitted is for a General Partnership but your entity is a Limited Partnership. Please complete and return the enclosed blank form. Also, the fee to file this form is \$52.50 and therefore, an additional \$27.50 is due.

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 619A00000680

RECEIVED

2019 FEB 19 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SHELP 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:

PETER SHELP
(Contact Person)

(Firm/Company)

5741 SCENIC DRIVE
(Address)

MINNETONKA MN 55345
(City, State and Zip Code)

For further information concerning this matter, please call:

PETER SHELP at (952) 937-9648
(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
- #25.00 PREVIOUSLY SUBM

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

2019 FEB 22 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FL

The Shelp 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 08/17/1993, assigned Florida document number A93000000849, hereby submits this Certificate of Dissolution.

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

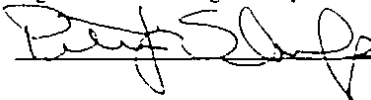
The partners no long wish to continue the partnership

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

THIRD: Effective date, if other than the date of filing: February 11, 2019
(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