

A 97000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

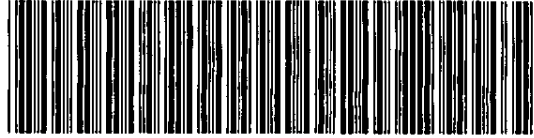
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/14/15--01032--012 \*\*52.50

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

16 JAN 29 PM 3:44

FILED

FEB 02 2016  
Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2015

MERCEDES PERDOMO  
PO BOX 14-4200  
CORAL GABLES, FL 33114-4200 US

SUBJECT: COBB PARTNERS, LIMITED  
Ref. Number: A97000000063

We have received your document for COBB PARTNERS, LIMITED and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 315A00026473

*Revised Documents attached →*

RECEIVED  
2016 JAN 28 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cobb Partners Limited  
(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:

Mercedes Perdomo  
(Contact Person)

Cobb Partners LLC  
(Firm/Company)

PO Box 14-4200  
(Address)

Coral Gables, FL 33114-4200  
(City, State and Zip Code)

For further information concerning this matter, please call:

Mercedes Perdomo at ( 305 ) 441-1700  
(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

**CERTIFICATE OF DISSOLUTION  
FOR**

Cobb Partners Limited

(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 December 30, 1996, assigned Florida document number A97000000063, hereby submits this Certificate of Dissolution.

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

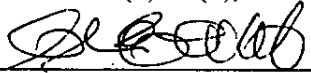
The partnership has been dissolved and is winding up its business.

**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.:



\_\_\_\_\_  
\_\_\_\_\_

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

16 JAN 29 PM 3:44  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

**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:

Cobb Partners Limited

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.)

Cobb Partners LLC

PO Box 14-4200

Coral Gables, FL 33114

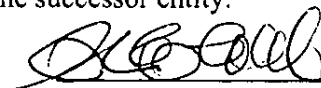
FILED  
16 JAN 29 PM 3:44  
CLERK OF CIRCUIT COURT  
STATE OF FLORIDA

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:

Charles E. Cobb

Printed Name



Signature

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