

A98000002570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

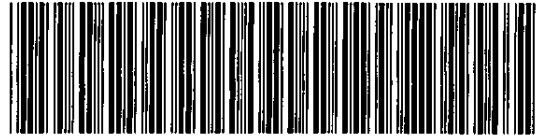
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800115525048

01/23/08--01017--022 **33.75

02/27/08--01027--011 **27.50

2008 FEB 28 P 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A. LUNT

FILED

FEB 29 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2008

JEFFREY BAUMAN
P.O. BOX 1003
WENDELL, MA

SUBJECT: THE BAUMAN FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000002570

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TALLAHASSEE, FLORIDA

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We have received your document for THE BAUMAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$33.75. 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 008A00005190

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAUMAN 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:

Jeffrey Bauman
(Contact Person)
Bauman Family Limited Partnership
(Firm/Company)
P.O. Box 1003
(Address)
Wendell, MA. 01379
(City, State and Zip Code)

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For further information concerning this matter, please call:

Jeffrey Bauman at (978) 544 7696
(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

* 6125
- 93375 previously sent
2750 - balance due for
filing fee + certificate of status

**CERTIFICATE OF DISSOLUTION
FOR**

Bauman 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 November 17, 1998, hereby submits this Certificate of Dissolution.

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

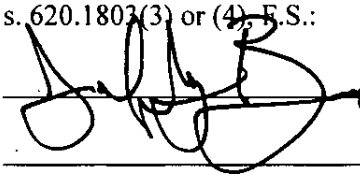
Partners have voted to dissolve and no longer wish to continue business

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

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**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:

Bauman Family Limited Partnership

Description of information that must be included in a claim:

Who is the claimant. Where claimant located.

Nature of + reason for claim

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

P.O. Box 1003

Wendell, MA. 01379

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TALLAHASSEE, FLORIDA

FILED

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:

Jeffrey Bauman
Printed Name

[Handwritten Signature]
Signature

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