

A9900000 1112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JUN 23 PM 12:10

JUN 24 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Georgianna C. Swanson Family Partnership, LTD.
(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:

John S. Clardy III
(Contact Person)

Clardy Law Firm, P.A.
(Firm/Company)

243 NE 7th Street
(Address)

Crystal River, FL 34428
(City, State and Zip Code)

For further information concerning this matter, please call:

John S. Clardy III at (352) 795-2946
(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

FILED
STATE
SECRETARY OF
TALLAHASSEE, FL
15 JUN 23 PM 12:10

**CERTIFICATE OF DISSOLUTION
FOR**

Georgianna C. Swanson Family Partnership, LTD.

(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 11/03/2004, assigned Florida document number A99000001112, hereby submits this Certificate of Dissolution.

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

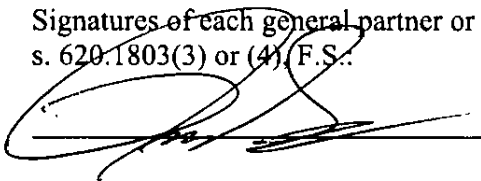
The purpose of the Partnership has ended and the affairs of the business have concluded.

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 23 PM 12:10

**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:

Georgianna C. Swanson Family Partnership, LTD.

Description of information that must be included in a claim:

16 JUN 23 PM 12:10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

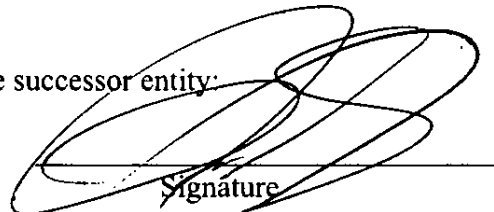
5335 W. Bonanza Drive, Beverly Hills, FL 34465

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:

Richard Swanson

Printed Name


Signature

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