

A000000000262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

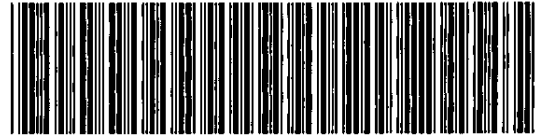
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/29/12--01002--011 **27.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

FEB 29 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2012

RICHARD ROSS
ROSSCORP, INC.
2440 S.E. BAHIA WAY
STUART, FL 34996

SUBJECT: ROSS FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000000262

FILED
2012 FEB 28 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ROSS 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):

There is a balance due of \$27.50.

You completed the wrong form

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 012A00007337



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Joey Bryan
Regulatory Specialist II

Letter Number: 012A00007337

**CERTIFICATE OF DISSOLUTION
FOR**

ROSS 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 2/2/2000, assigned Florida document number A00000000 262, hereby submits this Certificate of Dissolution.

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

THIS WAS NEVER USED

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

THIRD: Effective date, if other than the date of filing: 2/10/12

(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.:

[Signature]

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

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TALLAHASSEE, FLORIDA