

A0000000554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

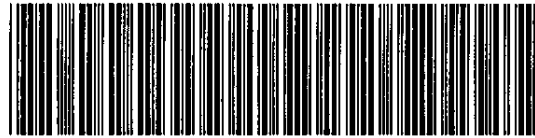
(Business Entity Name)

(Document Number)

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

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10/30/06--01020--006 \*\*25.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 13 PM 1:39

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SMIGIEL PARTNERS XII, 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:

GARY SMIGIEL

(Contact Person)

GARY SMIGIEL, LC

(Firm/Company)

P. O. BOX 540669

(Address)

LAKE WORTH, FL 33454

(City, State and Zip Code)

For further information concerning this matter, please call:

Stephanie Winston

(Name of Contact Person)

at ( 561 ) 968-3605

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2006

GARY SMIGIEL, LC  
P.O. BOX 540669  
LAKE WORTH, FL 33454

SUBJECT: SMIGIEL PARTNERS XII, LTD.  
Ref. Number: A00000000554

We have received your document for SMIGIEL PARTNERS XII, LTD. 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 form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

There is a balance due of \$27.50.

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) 245-6853.

Leslie Sellers  
Document Specialist

Letter Number: 606A00064740

**CERTIFICATE OF DISSOLUTION  
FOR**

SMIGIEL PARTNERS XII, 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 March 28, 2000, hereby submits this Certificate of Dissolution.

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

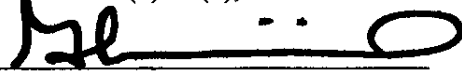
No longer active

**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.:



GARY SMIGIEL, LC

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

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DIVISION OF CORPORATIONS  
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