

A00000000695

(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



300270592913

03/17/15--01004--008 **61.25

FILED
15 APR 22 AM 10:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
2015 APR 22 AM 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

APR 24 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Margaret K. Ritchie 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:

H. Douglas Powell

(Contact Person)

H. Douglas Powell, Esq.

(Firm/Company)

1750 Carillon Park Drive

(Address)

Oviedo, Florida 32765

(City, State and Zip Code)

For further information concerning this matter, please call:

H. Douglas Powell

(Name of Contact Person)

at (321)

⁷⁶¹⁵
~~765-7664~~
(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

April 9, 2015

JOHN A RITCHIE
10721 US HIGHWAY LOT 82
DADE CITY, FL 33525

SUBJECT: MARGARET K. RITCHIE FAMILY PARTNERSHIP, LTD.
Ref. Number: A00000000695

We have received your document for MARGARET K. RITCHIE FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The notice of dissolution must contain: 1.) The name of the dissolved limited partnership; 2.) A statement that persons with unknown claims present them in accordance with the notice; 3.) A description of the information that must be included in a claim; 4.) A mailing address to which the claim may be sent; and 5.) A statement that a claim against the limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 515A00007095

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 22 AM 11:15

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

Margaret K. Ritchie 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 04/21/2000, assigned Florida document number A00000000695, hereby submits this Certificate of Dissolution.

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

Winding up is complete. No further business activity.

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.:

John A Ritchie

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 22 AM 11:15

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:

Margaret K. Ritchie Family Partnership, Ltd.

Description of information that must be included in a claim:

Who

What

Where

When

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

Margaret K. Ritchie Family Partnership, Ltd.

1011 Peck Road

Hilton, NY 14468-9306

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 APR 22 AM 11:15

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 notice.

Signature of a general partner or a principal of the successor entity:

John A. Ritchie

Printed Name

John A Ritchie
Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50