

AD00000001003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

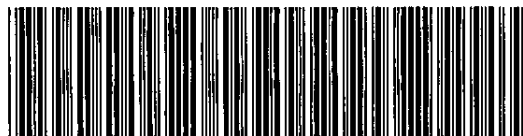
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800273479728

06/02/15--01026--006 **113.75

FILED
2015 JUN -2 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 3 - 2015

KARBERG & ASSOCIATES CO., LPA

Attorneys and Counselors at Law

Suite 306, Executive Commons I

29425 Chagrin Boulevard

Cleveland, Ohio 44122-4637

216-292-6110

bkarberg@karberglaw.com

June 1, 2015

(via courier)

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

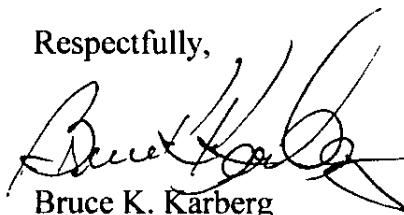
Re: Dissolution of VIBA Investments Limited Partnership

Dear Sir or Madam:

Enclosed herewith is a Certificate of Dissolution for the above-referenced Florida limited partnership together with our firm's check in the amount of \$113.75 as payment of the filing fee and for the Certified Copy as well as the Certificate of Status.

Please contact the undersigned if you have questions or comments regarding the enclosures or this matter.

Respectfully,



Bruce K. Karberg

BKK\lpk

Enclosures

cc: Brian D. Bailys (via email w/o encs.)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIBA INVESTMENTS 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:

Bruce K. Karberg

(Contact Person)

Karberg & Associates Co., LPA

(Firm/Company)

29425 Chagrin Boulevard, Suite 306

(Address)

Cleveland, OH 44122-4637

(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce Karberg

(Name of Contact Person)

at (216) 292-6110

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

2015 JUN -2 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VIBA INVESTMENTS 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 06/21/2000, assigned Florida document number A00000001003, hereby submits this Certificate of Dissolution.

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

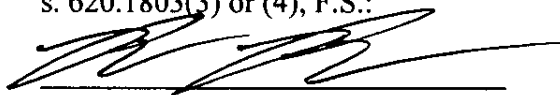
No longer conducting business.

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.:



Brian D. Bailys

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