

ADD00000001044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

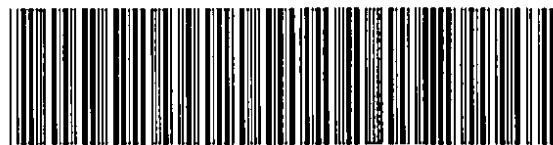
(Document Number)

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

Special Instructions to Filing Officer:

8/13

Office Use Only



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06/20/18--01008--023 \*\*52.50

FILED

18 AUG 13 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U.S. SIMMONS

AUG 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2018

RICHARD B DEGRAFF  
1616 SE COLONY WAY  
JUPITER, FL 33478

SUBJECT: THE DEGRAFF FAMILY LIMITED PARTNERSHIP  
Ref. Number: A00000001044

We have received your document for THE DEGRAFF FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must file Certificate of Dissolution first.

We are enclosing the proper form(s) with instructions for your convenience.

There is a balance due of \$52.50.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 618A00012954

*ALREADY  
SENT \$52.50 AND  
CHECK WAS CASHED.*

RECEIVED  
2018 AUG 13 PM 3:50  
618A00012954

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** THE DEGRAFF FAMILY 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:

RICHARD B. DEGRAFF  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1616 S.E. Colony Way  
(Address)

JUPITER, FL. 33478  
(City, State and Zip Code)

For further information concerning this matter, please call:

RICHARD B. DEGRAFF at (305) 495-4572  
(Name of Contact Person) (Area Code) (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

ALREADY  
SENT ONCE

**CERTIFICATE OF DISSOLUTION  
FOR**

THE DEGRAFF 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 06-28-2000, assigned Florida document number A00000001044, hereby submits this Certificate of Dissolution.

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

ALL ACTIVITIES ENDED 31 DEC. 2017.  
GENERAL PARTNERS WANT L.P. CLOSED.  
NO ASSETS OR LIABILITIES EXIST AT THIS  
POINT.

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

**THIRD:** Effective date, if other than the date of filing: 17 JUNE 2018  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

RICHARD B. DEGRAFF

Nancy A. DeGraff

R.B. DeGraff

Nancy A. DeGraff

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

FILED  
AUG 13 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA