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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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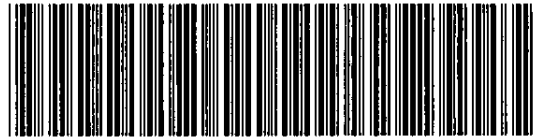
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR - 5 2012

EXAMINER

**NT NAJMY | THOMPSON PL**  
**ATTORNEYS AT LAW**

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\*\*\* BOARD CERTIFIED IN CIVIL TRIAL  
AND BUSINESS LITIGATION  
+++ LL. M. MASTERS IN REAL PROPERTY  
AND LAND DEVELOPMENT  
# ALSO ADMITTED IN RHODE ISLAND

February 22, 2012

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Kelly Family Limited Partnership  
Certificate of Dissolution / Notice of Dissolution  
Statement of Termination

Dear Sir/Madame:

Enclosed for filing please find the following regarding the above referenced limited partnership:

1. Certificate of Dissolution and Notice of Dissolution – A check for the filing fee of \$52.50 is enclosed; and
2. Statement of Termination – A check for the filing fee of \$52.50 is enclosed.

Please file the enclosed documents accordingly. If you have any questions regarding the enclosed documents, please do not hesitate to contact me.

Sincerely,

  
Joseph L. Najmy  
Firm Principal  
Email: [jnajmy@najmythompson.com](mailto:jnajmy@najmythompson.com)

JLN/jb  
Encl.

cc: Joseph Kelly

**CERTIFICATE OF DISSOLUTION  
FOR**

**KELLY 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 JULY 5, 2000, assigned Florida document number A00000001067, hereby submits this Certificate of Dissolution.

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

The general partners have agreed to dissolve the Partnership as it no longer holds any assets.

**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.:

ⓧ Joseph H. Kelly  
Marianne T. Kelly

JOSEPH H. KELLY  
MARIANNE T. KELLY

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:

KELLY FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Identity of claimant, nature of claim, description of claim and amounts claimed due, contact

information of the claimant, and any other information which would assist in evaluating the claim.

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

101 Little Aston

Williamsburg, VA 23188

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 the notice.

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

JOSEPH H. KELLY

Printed Name

Joseph H. Kelly  
Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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