

A 00 00000 1200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

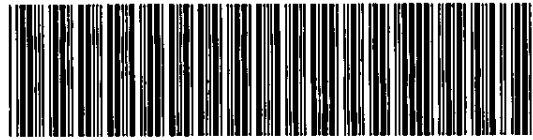
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255152417

700255152417
01/03/14--01022--003 **52.50

RECEIVED
14 JAN -3 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50 SEMBLER

YEARS Creating Retail Value.

Via Federal Express Ground
January 2, 2014

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

**Re: Certificate of Dissolution
Sembler Family Partnership #22, Ltd. – Document #A00000001200**

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution for the above-referenced limited partnership along with our check #179432 for the \$52.50 filing fee.

We respectfully request that this dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution to my attention at the address shown below.

5858 Central Avenue
St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Deann Lazzari Wojcicki
Chief Financial Officer

DLW/vlm
K:DeannLtrs FLA DOS Dissolution SFP22 – 1-2-14

Enclosures

14 JAN -3 4:10:45
TALLAHASSEE, FLORIDA
VOID IF NOT REGISTERED IN FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sembler Family Partnership #22, 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:

Deann Lazzari Wojcicki
(Contact Person)

The Sembler Company
(Firm/Company)

5858 Central Avenue
(Address)

St. Petersburg, FL 33707-1728
(City, State and Zip Code)

For further information concerning this matter, please call:

Deann Lazzari Wojcicki at (727) 384-6000, x3015
(Name of Contact Person) (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

RECEIVED
TALLAHASSEE, FLORIDA
14 JAN - 9 AM 10:45
2000

**CERTIFICATE OF DISSOLUTION
FOR**

Sembler Family Partnership #22, 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 July 28, 2000, assigned Florida document number A00000001200, hereby submits this Certificate of Dissolution.

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

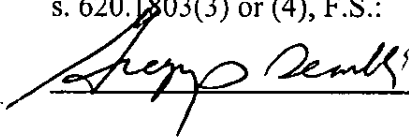
Business activity has concluded. No longer transacting business.

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.:



16 JAN - 1 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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