

A000000001386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

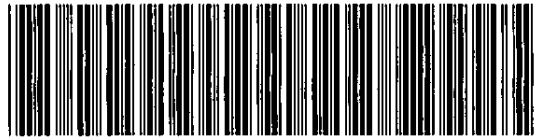
Special Instructions to Filing Officer:

**L. SELLERS**

APR 23 2008

**EXAMINER**

Office Use Only



300121415423

03/28/08--01039--012 \*\*52.50

**FILED**

2008 APR 22 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCHAEFFNER 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:

HEIKE BUSBY

(Contact Person)

ALLURE ACCOUNTING, LLC

(Firm/Company)

3665 BONITA BEACH ROAD, STE. 3

(Address)

BONITA SPRINGS, FL 34134

(City, State and Zip Code)

For further information concerning this matter, please call:

MARENA LOEFFLER

(Name of Contact Person)

at ( 239 ) 992-3355

(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 3, 2008

HEIKE BUSBY  
ALLURE ACCOUNTING LLC  
3665 BONITA BEACH ROAD, STE. 3  
BONITA SPRINGS, FL 34134

SUBJECT: SCHAEFFNER FAMILY LIMITED PARTNERSHIP  
Ref. Number: A00000001386

We have received your document for SCHAEFFNER 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):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 708A00019710

**CERTIFICATE OF DISSOLUTION  
FOR**

**SCHAEFFNER 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 09/05/2000, hereby submits this Certificate of Dissolution.

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

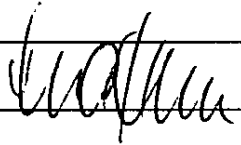
Sold all assets.

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

**THIRD:** Effective date, if other than the date of filing: ~~12/31/07~~ filing date

(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.:



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

2008 APR 22 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED