

ADD000001446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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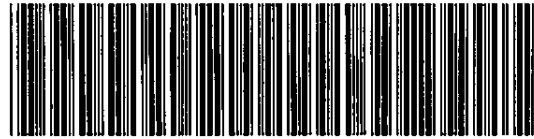
(Business Entity Name)

(Document Number)

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

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FILED  
2014 MAR 12 PM 5:30  
CLERK OF STATE  
TALLAHASSEE FLORIDA

MAR 13 2014  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KEILEY, 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:

RUSSEL SHAW  
(Contact Person)  
KEILEY, LTD.  
(Firm/Company)  
130 CRYSTAL VIEW SOUTH  
(Address)  
SANFORD, FL 32773  
(City, State and Zip Code)

For further information concerning this matter, please call:

RUSSEL SHAW at ( 407 ) 474-0682  
(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

TO FLORIDA DEPARTMENT  
OF STATE

**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

FILED  
2014 MAR 12 PM 5:30  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

KEILEY, 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 09/19/2000, assigned Florida document number A000000001446, hereby submits this Certificate of Dissolution.

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

BUSINESS OF PARTNERSHIP IS NO LONGER  
RELEVANT.

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

**THIRD:** Effective date, if other than the date of filing: 09/31/2014

(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.:

X [Signature]  
Russell K. Shaw, AUTHORIZED MEMBER

X [Signature]  
KATHLEEN M. SHAW, AUTHORIZED MEMBER

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

**FILED**  
2014 MAR 12 PM 5:30  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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:

KEILEY, LTD.

Description of information that must be included in a claim:

NAME OF CLAIMANT, ADDRESS, PHONE NUMBER OF CLAIMANT,  
CONTACT PERSON OF CLAIMANT, DESCRIPTION OF CLAIM,  
AMOUNT OF CLAIM, DATE CLAIM OCCURRED, PROOF OF  
CLAIM.

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

130 CRYSTAL VIEW SOUTH

SANFORD, FL 32773

2014 MAR 12 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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:

RUSSEL K. SNOW, AUTHORIZED MEMBER  
Printed Name

X [Signature]  
Signature

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