

A00000001517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

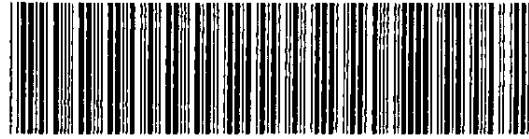
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500204791715

04/06/11--01008--005 **25.00

04/27/11--01028--001 **61.25

FILED
11 APR 26 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR 27 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOIRA 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:

GINETTE OROZCO
(Contact Person)
G. Orozco
(Firm/Company)
P.O. Box 490315
(Address)
Key Biscayne, FL 33149
(City, State and Zip Code)

For further information concerning this matter, please call:

GINETTE OROZCO at (305) 361-0163
(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

61.25
25.00
39.25

FILED
11 APR 26 PM 2:31
STATE OF FLORIDA
TALLAHASSEE

**CERTIFICATE OF DISSOLUTION
FOR**

LOIRA 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 10/03/2000, assigned Florida document number A0000000151 hereby submits this Certificate of Dissolution.

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

RECENT ECONOMIC SITUATION IN REAL ESTATE
LOST ALL EQUITY ON THE PROPERTY

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

THIRD: Effective date, if other than the date of filing: DEC 31 2010

(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.:

[Signature]

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

\$ 61.25

FILED
11 APR 26 PM 2:31
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2011

GINETTE OROZCO
POST OFFICE BOX 490315
KEY BISCAYNE, FL 33149

SUBJECT: LOIRA FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000001517

We have received your document for LOIRA FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00008480