

✓
A00000001704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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EFFECTIVE DATE 12-15-13

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 21 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G DAVID RAYMOND FAMILY LIMITED PARTNERSHIP
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GEORGE D. RAYMOND
(Contact Person)

1633 FLAGLER MANOR CIRCLE
(Address)

WEST PALM BEACH, FL 33411-5113
(City, State and Zip Code)

For further information concerning this matter, please call:

GEORGE D RAYMOND at (561) 7917699
(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

2013 OCT 18 PM 4:52
STATE OF FLORIDA
TALLAHASSEE, FL 32301

**CERTIFICATE OF DISSOLUTION
FOR**

G DAVID RAYMOND 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 3 NOV 2000, assigned Florida document number A00000001704, hereby submits this Certificate of Dissolution.

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

MEMBERS ALL CONSENT TO DISSOLUTION

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

THIRD: Effective date, if other than the date of filing: 15 DECEMBER 2013

(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.:

G David Raymond
G DAVID RAYMOND

Nancy V. Raymond
NANCY V RAYMOND

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

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CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2013

GEORGE D. RAYMOND
1633 FLAGLER MANOR CIRCLE
WEST PALM BEACH, FL 33411-5113

SUBJECT: G. DAVID RAYMOND FAMILY LIMITED PARTNERSHIP
Ref. Number: A00000001704

We have received your document for G. DAVID RAYMOND 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):

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 913A00023505

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA