

A00000001737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

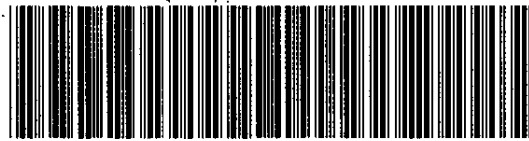
Special Instructions to Filing Officer:

A. LUNT

JUL - 7 2010

EXAMINER

Office Use Only



700182856877

07/06/10--01036--022 **52.50

2010 JUL - 6 PM 2:48
CLERK OF COURT
JULIA A. LUNT

FILED



Via US Certified Mail 7009 3410 0001 7760 1134
June 16, 2010

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

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2010 JUL -6 PM 2:48
TALLAHASSEE, FL 32301

Re: Requests for Dissolution

Dear Sir or Madam:

Enclosed are Certificates for Dissolution and/or the Articles of Dissolution for the following entities along with our checks for the respective filing fees:

<u>Entity Name</u>	<u>Document #</u>	<u>Check #</u>	<u>Amount</u>
Destin Partnership #2, Ltd.	A00000001737	159572	\$52.50
Sembler Family Partnership #30, Ltd.	A03000001344	159573	52.50
Sembler Sher, LLC	L07000010946	159592	25.00

We respectfully request that the dissolutions be effective on the date of filing.

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

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 - Dissolutions DP 2-SFp 30-SemSherLLC - 6-16-10

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin Partnership #2, 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)
Destin Partnership #2, Ltd.
(Firm/Company)
c/o The Sembler Company 5858 Central Avenue
(Address)
St. Petersburg, FL 33707-1728
(City, State and Zip Code)

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JUL 6 2018
TALLAHASSEE, FL 32314

2018 JUL -6 PM 2:48

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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:

- | | | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

**CERTIFICATE OF DISSOLUTION
FOR**

Destin Partnership #2, 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 November 14, 2000, assigned Florida document number A00000001737, hereby submits this Certificate of Dissolution.

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

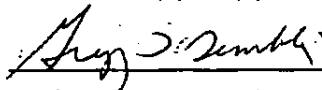
No longer doing business. Tax year 2009 is the final return filing for this limited partnership.

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.:



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

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JUL 6 2009
TALLAHASSEE, FLORIDA

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**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:

Destin Partnership #2, Ltd.

Description of information that must be included in a claim:

The above-referenced Florida Limited Partnership desires to be dissolved as it is no longer doing business, and therefore should be listed as an inactive status.

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

5858 Central Avenue

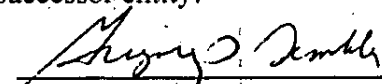
St. Petersburg, FL 33707-1728

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:

Gregory S. Sembler

Printed Name


Signature

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

FILED

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