

A000000019115

(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:

L. SELLERS

MAY 27 2010

EXAMINER

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10 MAY 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRANDON TITLE SERVICES, LLLP

(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:

CHERYL A. LEIMAN

(Contact Person)

BRANDON TITLE SERVICES, LLLP

(Firm/Company)

170 E. BLOOMINGDALE AVENUE

(Address)

BRANDON, FL 33511

(City, State and Zip Code)

For further information concerning this matter, please call:

CHERYL LEIMAN

(Name of Contact Person)

at (813) 681-8428

(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

February 18, 2010

CHERYL A. LEIMAN
BRANDON TITLE SERVICES, LLLP
170 E. BLOOMINGDALE AVENUE
BRANDON, FL 33511

SUBJECT: BRANDON TITLE SERVICES, LLLP
Ref. Number: A00000001915

We have received your document for BRANDON TITLE SERVICES, LLLP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

The form you submitted is for a LIMITED LIABILITY PARTNERSHIP, but your entity is a LIMITED LIABILITY LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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: 010A00004090



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2010

CHERYL A. LEIMAN
170 E. BLOOMINGDALE AVENUE
BRANDON, FL 33511

SUBJECT: BRANDON TITLE SERVICES, LLLP
Ref. Number: A00000001915

We have received your document for BRANDON TITLE SERVICES, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a LLP, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

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: 710A00011526

**CERTIFICATE OF DISSOLUTION
FOR**

BRANDON TITLE SERVICES, LLLP

(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 12/13/2000, assigned Florida document number A00000001915, hereby submits this Certificate of Dissolution.

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

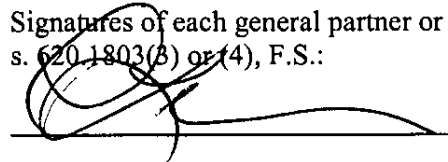
LACK OF BUSINESS

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(8) or (4), F.S.:



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

FILED
10 MAY 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA