

A00000002051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

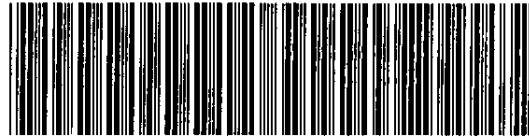
Special Instructions to Filing Officer:

**L. SELLERS**

MAY - 6 2011

**EXAMINER**

Office Use Only



900200637409

04/12/11--01006--004 \*\*30.00

05/05/11--01003--007 \*\*22.50

**FILED**  
11 MAY -5 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Belleair Partners, 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:

Leon S. Gottlieb  
(Contact Person)

11411 E. Las Posas Rd.  
(Address)

Santa Rosa Valley, CA 93012  
(City, State and Zip Code)

For further information concerning this matter, please call:

Leon S. Gottlieb at (805) 380-4411  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee  
22.50

☐ \$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

April 12, 2011

LEON S. GOTTLIEB  
11411 E. LAS POSAS ROAD  
SANTA ROSA VALLEY, CA 93012

SUBJECT: BELLEAIR PARTNERS, LTD.  
Ref. Number: A00000002057

We have received your document for BELLEAIR PARTNERS, LTD. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

There is a balance due of \$22.50.

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: 411A00008907

CERTIFICATE OF DISSOLUTION  
FOR

Belle air Partners, 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 12/26/2000, assigned Florida document number A000000020, hereby submits this Certificate of Dissolution. 57

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

sale of only asset.

**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.:

[Signature]  
[Signature]

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

**FILED**  
11 MAY -5 PM 12:51  
SECRETARY 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:

Belleair Partners, LTD

Description of information that must be included in a claim:

name of Claimant + address

copy of bills

Description of services rendered + date.

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

Leon S. Gottlieb

11411 E. Las Posas Rd.

Santa Rosa Valley, CA 93012

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:

Leon S. Gottlieb  
Printed Name

Leon S. Gottlieb  
Signature

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