

A010000000693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

A01-693

(Document Number)

Certified Copies _____

Certificates of Status 1

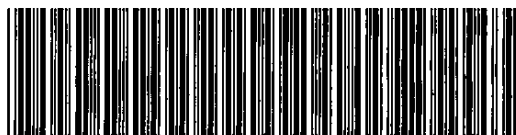
Special Instructions to Filing Officer:

12/6

cert of
diss

Office Use Only

mg



200081858352

12/06/06--01021--012 **61.25

FILED
06 DEC -6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Fricke 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:

DAVID R. FRICKE

(Contact Person)

HUNTEN + WILLIAMS LLP

(Firm/Company)

421 Fayetteville Street

(Address)

Raleigh, NC 27601

(City, State and Zip Code)

For further information concerning this matter, please call:

DAVID R. FRICKE

(Name of Contact Person)

at

(919) 899-3061

(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

CERTIFICATE FOR DISSOLUTION

FOR

THE FRICKE FAMILY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership of limited liability limited partnership, whose certificate was filed with the Florida Department of State on May 16, 2001, hereby submits this Certificate of Dissolution.

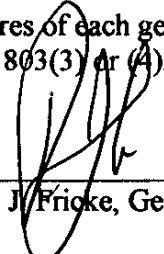
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

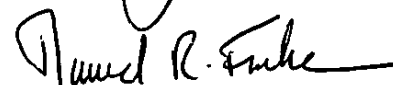
The partnership has elected to distribute all the assets of the partnership to the individual partners.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.) *NOT Attached*

THIRD: Effective date, if other than the date of filing: N/A

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


Richard J. Fricke, General Partner


David R. Fricke, General Partner

Filing Fee: \$52.50

FILED
06 DEC -6 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA