

AD1000000981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

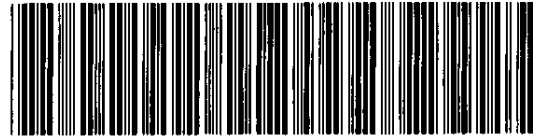
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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16 DEC 21 AM 8:49

DIVISION OF CORPORATE AFFAIRS

16 DEC 21 AM 11:04

RECEIVED

O SIMMONS

DEC 22 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 431601 4372680

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE : December 20, 2016

ORDER TIME : 9:28 AM

ORDER NO. : 431601-005

CUSTOMER NO: 4372680

DOMESTIC FILINGS

NAME: SANDLER & TRAVIS TRADE
ADVISORY SERVICES LIMITED
PARTNERSHIP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandler & Travis Trade Advisory Services 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:

Michael Kummer
(Contact Person)

Sandler & Travis Trade Advisory Services, Inc.
(Firm/Company)

300 Galleria Officentre, Suite 400
(Address)

Southfield, MI 48034
(City, State and Zip Code)

For further information concerning this matter, please call:

Michael Kummer at (248) 957-5140
(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**

Sandler & Travis Trade Advisory Services 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 July 19, 2001, assigned Florida document number A01000000981, hereby submits this Certificate of Dissolution.

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

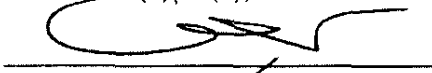
The partnerhsip has ceased doing business.

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



Gilbert Lee Sandler



Thomas G. Travis



Leonard L. Rosenberg

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

DIVISION OF CONSUMER SERVICES

16 DEC 21 AM 8:49

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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:

Sandler & Travis Trade Advisory Services Limited Partnership

Description of information that must be included in a claim:

Any claim shall include the full name and mailing address of the claimant, the date, time, and place of the incident giving rise to the claim, a detailed description of the incident giving rise to the claim, and the amount claimed.

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

Michael Kummer

300 Galleria Officentre, Suite 400

Southfield, MI 48034

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:

STAS CANADA Corp

Printed Name

by [Signature]
Secretary
Signature

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

16 DEC 21 AM 8:49
DIVISION OF CORPORATIONS

FILED