

A010000001060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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2017 MAY 30 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

JUN - 1 2017

KS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Gerton C. Hutchinson 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:

GERTON HUTCHINSON

(Contact Person)

(Firm/Company)

92 Sparrow Lane

(Address)

Royal Palm Beach FL 33411

(City, State and Zip Code)

For further information concerning this matter, please call:

GERTON HUTCHINSON

(Name of Contact Person)

at (772) 485 4852

(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 OF DISSOLUTION
FOR**

THE EVERTON C. HUTCHINSON FAMILY 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 _____, assigned Florida document number 401000001060, hereby submits this Certificate of Dissolution.

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

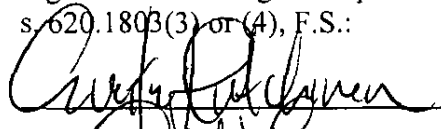
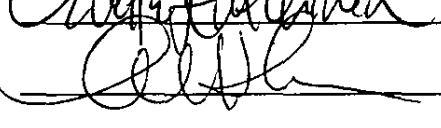
No Longer Necessary

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

2011 MAY 30 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 MAY 30 PM 5:03

TALLAHASSEE, FL 32314

May 16, 2017

EVERTON C HUTCHINSON
92 SPARROW LANE
ROYAL PALM BEACH, FL 33411

SUBJECT: THE EVERTON C. HUTCHINSON FAMILY LIMITED PARTNERSHIP
Ref. Number: A01000001060

We have received your document for THE EVERTON C. HUTCHINSON FAMILY LIMITED PARTNERSHIP and check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 817A00009774