

A010000001203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

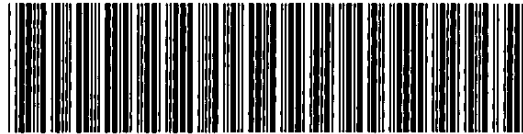
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/19/07--01026--019 **105.00

EFFECTIVE DATE
12/31/07

07 DEC 19 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. Gulligan DEC 20 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robin Garvin 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:

Robin Garvin

(Contact Person)

(Firm/Company)

5562 Balsam Street, Suite 1002

(Address)

Vancouver B.C. V6M 4B7 CANADA

(City, State and Zip Code)

For further information concerning this matter, please call:

Robin Garvin

(Name of Contact Person)

at (604)

264-1138

(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

FILED

07 DEC 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Robin Garvin 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 09/06/2001, hereby submits this Certificate of Dissolution.

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

purpose of Limited Partnership was accomplished

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2007

(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.:

→ 
Robin Garvin

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

**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:

Robin Garvin Limited Partnership

Description of information that must be included in a claim:

name and address of claimant; copies of documents on which

the claim is based, if any; date on which the liabilities for the

claim accrued; amount of the claim

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

Robin Garvin

5562 Balsam Street, Suite 1002

Vancouver B.C. V6M 4B7 CANADA

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:

Robin Garvin

Printed Name

→


Signature

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 DEC 19 AM 11:12

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