

**A01000001472**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

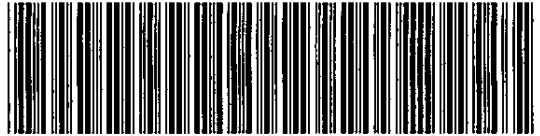
\_\_\_\_\_  
(Document Number)

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Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR - 8 2010

EXAMINER

Charles D. Hyman & Company  
INVESTMENT COUNSEL

March 2, 2010

Florida Department of State  
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RE: Florida Document Number A01000001572**

Dear Sir or Madam:

I have enclosed the following:

1. Check in the amount of: \$61.25
2. A cover letter and
3. Certificate of Dissolution for: **Parlon Holding, Florida Limited Partnership**

Upon review, please let us know if you have any questions or need any additional information to dissolve Parlon Holdings. I can be reached at 904-543-0360.

Thank you in advance for your attention to this matter.

Sincerely,



Celeste R. Beale

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Parlon Holdings, Florida 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:

Charles D. Hyman  
(Contact Person)

Charles D. Hyman & Company  
(Firm/Company)

224 Ponte Vedra Park Drive, Suite 200  
(Address)

Ponte Vedra Beach, FL 32082  
(City, State and Zip Code)

For further information concerning this matter, please call:

Chuck Hyman at ( 904 ) 543-0360  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

Parlon Holdings, Florida 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 10/31/2001, assigned Florida document number A01000001472, hereby submits this Certificate of Dissolution.

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

All assets distributed

No further 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.:

X Shirley Helford  
Shirley Helford

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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