

A02000000000 6

(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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Office Use Only



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DEC 26 2018

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2019 JAN 29 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FL

DEC 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urban Consulting Management, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Eric S. Mashburn
(Contact Person)

Law Office of Eric S. Mashburn, P.A.
(Firm/Company)

P.O. Box 771268
(Address)

Winter Garden, FL 34777-1268
(City, State and Zip Code)

For further information concerning this matter, please call:

Eric Mashburn at (407) 656-1576
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2019

ERIC S. MASHBURN
P.O. BOX 771268
WINTER GARDEN, FL 34777-1268

SUBJECT: URBAN CONSULTING MANAGEMENT, LTD.
Ref. Number: A02000000006

We have received your document for URBAN CONSULTING MANAGEMENT, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may only file a statement of termination after they are voluntarily dissolved. Please find enclosed the form to dissolve a Florida limited partnership.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 919A00000562

RECEIVED
2019 JAN 22 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FL

JAN 16 2019

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: URBAN CONSULTING MANAGEMENT, LTD. A02000000006

(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:

Eric S. Mashburn, Esquire

(Contact Person)

Law Office of Eric S. Mashburn, P.A.

(Firm/Company)

P. O. Box 771268

(Address)

Winter Garden, FL 34777-1268

(City, State and Zip Code)

For further information concerning this matter, please call:

Eric S. Mashburn, Esq.

(Name of Contact Person)

at (407)

(Area Code)

656-1576

(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

FILED

2019 JAN 22 PM 2:26

URBAN CONSULTING MANAGEMENT, LTC. A02000000006

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FL

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 12/26/2001, assigned Florida document number A02000000006, hereby submits this Certificate of Dissolution.

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

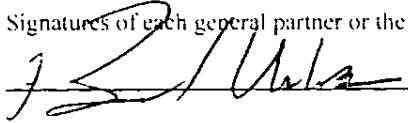
Partnership voluntarily dissolved by the consent of all
general partners and all limited partners pursuant to
Sec. 620.1801(1)(b).

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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