

ADZ0000000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

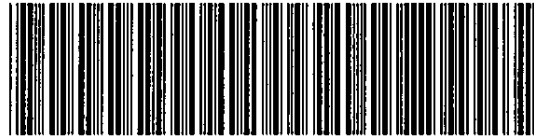
Special Instructions to Filing Officer:

[Signature]

12/21

Miss

Office Use Only



400082631764

12/21/06--01017--014 **61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 PM 3:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 22, 2006

DR HAUS J DOELEMEYER
3700 S OCEAN BLVD #1610
HIGHLAND BEACH, FL 33487

SUBJECT: THE DR. HANS J. DOELEMEYER LIMITED PARTNERSHIP
Ref. Number: A02000000077

We have received your document for THE DR. HANS J. DOELEMEYER LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 006A00072381

COVER LETTER

Ref. No: A02000000077

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Hans J. Doelemeyer LP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Dr. Hans J. Doelemeyer
(Contact Person)

(Firm/Company)

3700 S. Ocean Blvd #1610
(Address)

Highland Beach, FL 33487
(City, State and Zip Code)

For further information concerning this matter, please call:

Dr. Hans J. Doelemeyer at (561) 2650593
(Name of Contact Person) (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**

Dr. Hans J. Doelemeyer 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 _____, hereby submits this Certificate of Dissolution.

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

No more business activities

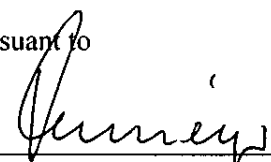
SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12-²¹~~15~~-2006

(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.:

Dixie Investment Management Inc.


Dr. Hans J. Doelemeyer
President

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 PM 3:51

**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:

Dr. Hans J. Doelemeyer Limited Partnership

Description of information that must be included in a claim:

Re: Dr. Hans J. Doelemeyer LP

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

Andrew E. Daniels, CPA

2457 East Commercial Blvd

Fort Lauderdale, FL 33308-4000

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 notice.

Signature of a general partner or a principal of the successor entity:

Dixie Investment Management Inc.

Printed Name

Signature

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Dr. Hans J. Doelemeyer
President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 21 PM 3:51