# A0100000089

(Re	equestor's Name)			
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·		
(Ac	dress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

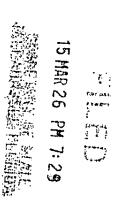




500268416145

01/16/15--01010--011 \*\*25.00

03/25/15--01022--010 \*\*27.50





January 29, 2015

LOUIS CARRON 5715 BLUE SAVANNAH DR LEESBURG, FL 34748

SUBJECT: CARRON FAMILY LIMITED PARTNERSHIP

Ref. Number: A0200000089

We have received your document for CARRON FAMILY LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 115A00001833

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: CARRON FAMILY LIMITED PARTNERSHIP
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Louis J. Carron, Sr
(Name of Person)

Carron Family Limited PartnerShip
(Firm/Company)

5715 Blue Savannah Drive
(Address)

Leesburg FL 34748
(Cirl/State and Zip Code)

For further information concerning this matter, please call:

Louis J. Carron, Sr. at (352) 787-9052
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Pa	artnership or Limited Liab	ed Partin ility Limited Partnersh	iership
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Odocument number A 0 2 000 000 Dissolution.	ed partnership, whose	certificate was file	ed with the ed Florida
FIRST: Reason for dissolution: (S	State why partnership	is submitting disso	lution)
All assels L	Properties	have be	zen Sold.
<del></del>	·		
SECOND: A Notice of Disso (Check box if attack)			
THIRD: Effective date, if other than the d	late of filing:	<u> </u>	·
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the da	te this document is file	d by the Florida
Signatures of each general partner o	or the person appointed	d pursuant to	·
s. 620.1803(3) or (4), F.S.:	Lr		15 H
			## 50 P
Filing Fee:	\$52.50		7:2 2:2
Certified Copy (optional):	\$52.50		9
Certificate of Status (optional):	\$8.75		