

No 20000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06 MAY 23 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

At Office MAY 23 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tyson 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:

Noel Address

(Contact Person)

Tyson Limited Partnership

(Firm/Company)

PO Box 420 7101 Capri Lane

(Address)

Pineland, FL 33945

(City, State and Zip Code)

For further information concerning this matter, please call:

Noel Address

(Name of Contact Person)

at (239) 283-1717

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2006

NOEL ANDRESS
P.O. BOX 420
PINELAND, FL 33945

SUBJECT: TYSON LIMITED PARTNERSHIP
Ref. Number: A02000000198

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

Pursuant to section 620.8105(6), Florida Statutes, any statement filed by a partnership must be executed by at least two partners.

On the Notice of Dissolution you must fill out Description. The Statement of Termination is an additional filing fee of \$52.50 also requires signatures of each general partner.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 606A00027138

**CERTIFICATE OF DISSOLUTION
FOR**

Tyson 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 February 1, 2002, hereby submits this Certificate of Dissolution.

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

The partnership has finished all of its affairs.

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.:

Noel Andress
C. John Kronberg

Noel ANDRESS
C. John Kronberg

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

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06 MAY 23 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Tyson Limited Partnership

Description of information that must be included in a claim:

Name of Company

Date of Claim

Products that were purchased

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

PO Box 420 Pineland, FL 33945

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Noel Andres

Printed Name

Noel Andres

Signature

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