

A020000000572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

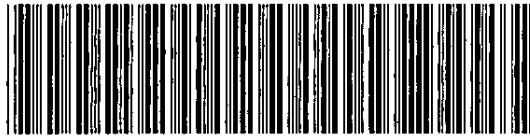
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

James GOVA
AUTHORIZATION BY PHONE TO
CORRECT eff date
DATE 9/19/08
DOC. EXAM. _____

Office Use Only



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09/05/08--01039--016 **52.50

08 SEP -5 AM 10:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WRIGHT FAMILY PROPERTIES 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:

JAMES WRIGHT
(Contact Person)

541 TENTH ST, Ste 180
(Firm/Company)
(Address)

ATLANTA GA 30318
(City, State and Zip Code)

For further information concerning this matter, please call:

JAMES WRIGHT at (404) 581-9507
(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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED

00 SEP -5 AM 10:39

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

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:

WRIGHT FAMILY PROPERTIES LIMITED PARTNERSHIP

Description of information that must be included in a claim:

NAME

DATE

VALUE

ADDRESS AND PHONE NUMBER

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

541 TENTH ST. Ste 180

ATLANTA, GA 30318

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:

JAMES WRIGHT
Printed Name


Signature

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

**CERTIFICATE OF DISSOLUTION
FOR**

WRIGHT FAMILY PROPERTIES 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 4-15-02, assigned Florida document number A02000000572, hereby submits this Certificate of Dissolution.

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

ALL ASSETS HAVE BEEN ASSIGNED AND
OR TRANSFERRED TO A GEORGIA COMPANY

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

THIRD: Effective date, if other than the date of filing: 9/5/08

(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.:

James Wright Jr.

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

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA