

A020000001151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

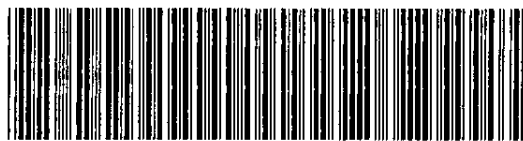
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300195524773

02/22/11--01054--030 **61.25

FILED
2011 FEB 28 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAR 1 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

MARK AVERBUCH
5606 BROOKWOOD PLACE
NASHVILLE, TN 37205-1472

SUBJECT: THE AVERBUCH FAMILY LIMITED PARTNERSHIP
Ref. Number: A02000001151

We have received your document for THE AVERBUCH FAMILY 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):

Please fill out the certificate of dissolution and mail it back to my attention. You can't file the notice of dissolution without the certificate of dissolution.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00004572

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Averbuch Family Trust

(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:

Mark Averbuch

(Contact Person)

(Firm/Company)

5606 Brookwood Place

(Address)

Nashville, Tennessee 37205-1472

(City, State and Zip Code)

For further information concerning this matter, please call:

Mark Averbuch

(Name of Contact Person)

at (615) 352-0590

(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**

AVERBUCH FAMILY 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 AUGUST 23, 2002, assigned Florida document number A02000001151, hereby submits this Certificate of Dissolution.

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

The Partnership has no further function and
a final tax return has been filed in 2000

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.:

[Signature]

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

FILED
2011 FEB 28 AM 9:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2011 FEB 28 AM 9:25
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:

Averbuch Family Limited Partnership

A0200000151

Description of information that must be included in a claim:

This partnership has no further function and has been dissolved with
a final federal tax return having been filed in 2009.

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

5606 Brookwood Place

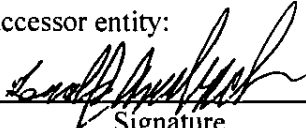
Nashville, Tennessee 37205-1472

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:

Gerald Averbuch

Printed Name


Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50