

AD20000001395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

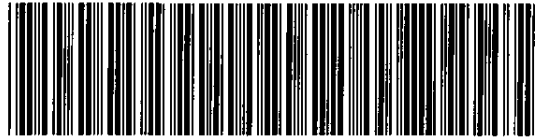
Special Instructions to Filing Officer:

L. SELLERS

FEB 29 2008

EXAMINER

Office Use Only



900115525039

02/26/08--01001--024 **27.50

01/23/08--01017--021 **33.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 28 PM 3:47

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2008

JEFFREY BAUMAN
P.O. BOX 1003
WENDELL, MA 01379

SUBJECT: BAUMAN FAMILY LIMITED PARTNERSHIP II
Ref. Number: A02000001395

We have received your document for BAUMAN FAMILY LIMITED PARTNERSHIP II and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a general partnership, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

There is a balance due of \$18.75.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 008A00006429

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bauman Family Limited Partnership II
(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:

Jeffrey Bauman
(Contact Person)

Bauman Family Limited Partnership II
(Firm/Company)

P.O. Box 1003
(Address)

Wendell, MA. 01379
(City, State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Bauman at (978) 544-7696
(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

9/6/25
- 3375 previously sent
2750 - balance due for
filing fee & certificate of status

CERTIFICATE OF DISSOLUTION
FOR

Bauman Family Limited Partnership II
(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 October 17, 2002, hereby submits this Certificate of Dissolution.

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

Partners have voted to dissolve and
no longer wish to continue business.

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.:



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

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TALLAHASSEE, FLORIDA

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**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:

Bauman Family Limited Partnership II

Description of information that must be included in a claim:

who is the claimant, where claimant located.
Nature^{of} & reason for claim.

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

P.O. Box 1003

Wendell, MA 01329

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:

Jeffrey Bauman
Printed Name

[Signature]
Signature

2008 FEB 28 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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