

A.020000001551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2013 JAN 30 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERZIA ENTERPRISES, LTD  
(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:

PATRICIA CLARK

(Contact Person)

(Firm/Company)

2927 W. BAYSHORE COURT

(Address)

TAMPA, FL 33611

(City, State and Zip Code)

For further information concerning this matter, please call:

WAYNE BOND

(Name of Contact Person)

at ( 813 ) 251-2411

(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

RECEIVED  
TALLAHASSEE, FLORIDA

2013 JAN 30 PM 4:25

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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:

PERZIA ENTERPRISES, LTD

Description of information that must be included in a claim:

CLAIMANT(S), AMOUNT OF CLAIM, DATE OF CLAIM,

NATURE/DESCRIPTION OF CLAIM

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

2927 W. BAYSHORE COURT

TAMPA, FL 33611

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:

PATRICIA CLARK

Printed Name



Signature

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

2013 JAN 30 PM 1:26  
FLORIDA DEPT OF STATE  
TALLAHASSEE, FLORIDA

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