

A020000001605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000309281620

03/08/18--01003--008 **27.50

02/20/18--01028--005 **25.00

2018 MAR - 8 A 11: 05
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

2/12/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2018

JOHN H SEATS
2809 TROPIC COURT
WINTER GARDEN, FL 34787-5413

SUBJECT: SEATS FAMILY PARTNERSHIP, LTD.
Ref. Number: A02000001605

We have received your document for SEATS FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a Limited Partnership. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 718A00003574

2018 MAR - 2
A 11: 05
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Seats Family Partnership, LTD
(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:

John H. Seats

(Contact Person)

Seats Family Partnership, LTD

(Firm/Company)

2809 Tropic Ct.

(Address)

Winter Garden, FL 34787

(City, State and Zip Code)

For further information concerning this matter, please call:

John H. Seats

(Name of Contact Person)

at (407)

(Area Code)

438-454-~~4733~~

(Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Pre paid \$250

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**

Seats Family Partnership, LTD
(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 Dec. 4, 2002, assigned Florida document number AD2000001605, hereby submits this Certificate of Dissolution.

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

Death of General Partner - Doreen C. Seats

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

THIRD: Effective date, if other than the date of filing: 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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

John H. Seats

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

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FLORIDA DEPARTMENT OF STATE
TAMPA, FLORIDA

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