H030000004//

(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



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EXAMINER

COVER LETTER

+

Division of	Corporations		
	bler BtS Partners	hip #1, Ltd. ip or Limited Liability Lim	ited Partnershin)
,		nd fee(s) are submitted	•
Please return all co	rrespondence concerni	ng this matter to:	
Deann Lazzari Wojci	cki		
	(Contact Person)		
The Sembler Compa	ny		
	(Firm/Company)	_	
5858 Central Avenue	•		
	(Address)		
St. Petersburg, FL 3	3707-1728		
on y otoroodig, y i o	(City, State and Zip Code)		
For further informa	tion concerning this m	atter, please call:	
Deann Wojcicki		at (727) 384-6000	
(Name of Cor	ntact Person)		Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
☑ \$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 ADDRE	SS:	MAILING	ADDRESS:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building		P. O. Box 6327	
2661 Executive Cer		Tallahassee,	FL 32314
Tallahassee, FL 32	301		



Via Federal Express November 15, 2011

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Re: Requests for Dissolutions

Dear Sir. or Madam:

Enclosed are the appropriate Dissolution documents requesting immediate dissolution of the following entities, along with our checks for the required fee payments.

Entity Name	Document #_	Check #	Amount
Sembler BtS LA Holding, LLC	L10000012118	167869	\$25.00
Sembler BtS LA, LLC	L09000122307	167713	25.00
Sembler BtS Partnership #1, Ltd.	A03000000411	167714	52.50
Sembler BtS Partnership #5, Ltd.	A0900000173	167715	52.50
Sembler E.D.P. Partnership #10, Ltd.	A98000000636	167716	52.50
Sembler E.D.P. Partnership #12, Ltd.	A98000002298	167717	52.50
Sembler E.D.P. Partnership #13, Ltd.	A98000002299	167718	52.50
Sembler Family Partnership #31, Ltd.	A03000001774	167719	52.50
Sembler Family Partnership #39, Ltd.	A05000000447	167720	52.50
Sembler Tallahassee, Ltd.	A06000001433	167721	<u>52.50</u>
•	Total payments encl	osed	\$470.00

We respectfully request that the dissolutions be effective as of the date of filing.

Please return your letter acknowledging the filing of these dissolutions to my attention at the address shown below.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Deann Lazzari Wojcicki Chief Financial Officer

DLW/vlm K:DeannLtrs FLA DOS = 10 Dissolutions = 11-15-11

Enclosures

CERTIFICATE OF DISSOLUTION FOR

Sembler BtS Partnership #1 (Name of Florida Limited Pa	1, Ltd. Partnership or Limited Liability Limited Partnership)	+
partnership or limited liability limite Florida Department of State on 3/1	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the 7/2003, assigned Florida, hereby submits this Certificate of	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
No longer conducting business in Florid	da.	
SECOND: A Notice of Disso (Check box if attack)		
THIRD: Effective date, if other than the d	date of filing:	
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida	
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Spryng Denthe.		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	T)

OV 16 AM 10:

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:
Sembler BtS Partnership #1, Ltd.
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
5858 Central Avenue
5858 Central Avenue St. Petersburg, FL 33707-1728 St. Petersburg, FL 33707-1728
AMIO: 25 EL FLORID
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:
Melvin F. Sembler
Printed Name Signature

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