

AD30000000872

(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:

JUN - 3 2014

A. LUNT

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03/21/14--01035--025 **52.50

FILED
2014 MAY 22 PM 4:20
TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2014

JOSEPH A DELUCA
370 E MAPLE AVE. SUITE 101
LANGHORNE, PA 19047

SUBJECT: MOLISANA PARTNERS LIMITED PARTNERSHIP
Ref. Number: A03000000872

We have received your document for MOLISANA PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 114A00006507

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOLBANA PARTNERS LIMITED LIABILITY PARTNERSHIP
(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:

JOSEPH A. DELUCA
(Contact Person)
C/O DELUCA HUNES
(Firm/Company)
370 E MAPLE AVE, Suite 101
(Address)
LANGHORNE, PA 19047
(City, State and Zip Code)

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For further information concerning this matter, please call:

JOSEPH A. DELUCA at (215) 860-6500
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee
Previously waived

☐ \$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**

MOLISANA PARTNERS 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 JUNE 11, 2003, assigned Florida document number A03000000872, hereby submits this Certificate of Dissolution.

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

ALL ASSET HAVE BEEN SOLD

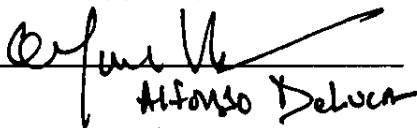
AND CASH DISTRIBUTED TO PARTNERS

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.)

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


Alfonso Deluca

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

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CLERK

**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:

MOLISANA PARTNERS LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Any claim request must be submitted
in writing along with supporting
materials to the address listed below

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

JOSEPH A. DELUCA
C/O DELUCA HOMES
370 E. MAPLE AVE., Suite 101
LANGHORNE, PA 19047

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:

Alfonso Deluca
Printed Name

Alfonso Deluca
Signature

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

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