

AD300001157

(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



000199042670

04/06/11--01003--003 **27.50

03/24/11--01009--002 **25.00

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11 APR 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 14 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

ROBERT SCHWARTZ
4334 E. ROSE LANE
PARADISE VALLEY, AZ 85253

SUBJECT: SCHWARTZ FAMILY LIMITED PARTNERSHIP, LTD.
Ref. Number: A03000001157

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

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00008300

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Schwartz Family Limited 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:

Robert Schwartz
(Contact Person)

(Firm/Company)

4334 E. Rose Lane
(Address)

Paradise Valley, Arizona 85253
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert Schwartz at (602) 285-5020
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee
Additional \$27.50

☐ \$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

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SECRETARY OF STATE

CERTIFICATE OF DISSOLUTION
FOR

Schwartz Family limited 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 8/12/03, assigned Florida document number A0300001157, hereby submits this Certificate of Dissolution.

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

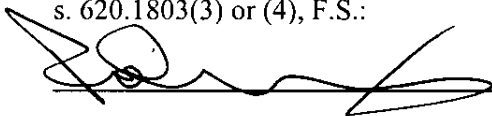
Entity has ceased doing Business -
No further has any assets or liabilities
All members have consented to dissolution
Final tax Return has been filed

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

THIRD: Effective date, if other than the date of filing: any 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.:


Robert Schwartz

General Partner

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

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TALLAHASSEE, FLORIDA