

A04000000120

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(Business Entity Name)

(Document Number)

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800057189478

07/18/05--01010--022 **43.75

\$8.75

08/12/05--01004--015 **87.50

05 AUG 16 AM 10:56
TALLAHASSEE, FLORIDA

8/16/05

SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: To dissolve a Florida profit corporation

DOCUMENT NUMBER: A04000000120

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Burrell
(Name of Person)

THE ABBA SEVIN Limited Partnership
(Name of Firm/Company)

4245 Maggiore Way
(Address)

West Palm Beach, Florida 33409
(City/State/and Zip Code)

For further information concerning this matter, please call:

Karen Burrell at (561) 686-6126
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 25, 2005

KAREN BURRELL
THE ABBA SELVIN LIMITED PARTNERSHIP
4245 MAGGIORE WAY
WEST PALM BEACH, FL 33409

SUBJECT: THE ABBA SELVIN LIMITED PARTNERSHIP
Ref. Number: A04000000120

We have received your document for THE ABBA SELVIN LIMITED PARTNERSHIP and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$8.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted were for a corporation, but your entity is a limited partnership. Enclosed is the proper form. Please complete and return the form with a copy of this letter and the remaining \$8.75 due for the filing itself. If you would also like a certified copy, please send \$61.25 instead of \$8.75.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 805A00048377

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The ABBA SELVIN LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: A04000000120

The enclosed Certificate of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Burrell
(Name of Person)

The ABBA SELVIN LIMITED PARTNERSHIP
(Firm/Company)

4245 Maggiore Way
(Address)

West Palm Beach, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Burrell at (561) 686-6126
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee
☒ \$61.25 Filing Fee & Certificate of Status
☐ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$113.75 Filing Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
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**CERTIFICATE OF CANCELLATION
FOR**

THE ABBA SELVIN LIMITED PARTNERSHIP

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 08-01-05, hereby submits this Certificate of Cancellation.

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

There has been no active in this partnership
and no plans for future activities.

SECOND: This Certificate of Cancellation shall be effective at the time of its filing with the Florida Department of State.

THIRD: Signatures of all general partners:

Karen Bussell

FILED
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA