

A04000001156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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Office Use Only



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FEB 11 2014

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FILED
2014 FEB 10 PM 3:13
FEB 10 2014
FEB 10 2014

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lawrence S. Burns Limited 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:

Lawrence S. Burns
(Contact Person)

(Firm/Company)

2255 SW 145 Ave.
(Address)

Davie, FL 33325
(City, State and Zip Code)

For further information concerning this matter, please call:

Lawrence S. Burns at (954) 290-3726
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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

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

FILED
2014 FEB 10 PM 3:00
TALLAHASSEE, FL

**CERTIFICATE OF DISSOLUTION
FOR**

Lawrence S. Burns 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 July 5 2004, assigned Florida document number A04000001156, hereby submits this Certificate of Dissolution.

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

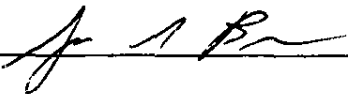
The partnership was set up for
financial protection while I was working.
I retired seven years ago and no longer
need the partnership.

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

THIRD: Effective date, if other than the 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.:



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

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