

A040000001324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

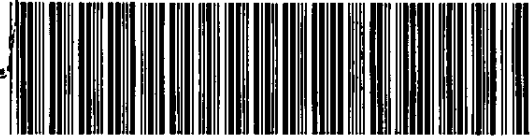
(Document Number)

Certified Copies _____

Certificates of Status ☒

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FILED
14 JUL 18 PM 1:45
TALLAHASSEE, FLORIDA

JUL 21 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSE M. EDWARDS FAMILY, 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:

Sanford Brandt

(Contact Person)

(Firm/Company)

5502 SW Sunshine Farms Way

(Address)

Palm City, FL 34990-5671

(City, State and Zip Code)

For further information concerning this matter, please call:

Sanford Brandt

(Name of Contact Person)

at (972) 419-5104

(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

*Already mailed check w/
previous correspondence*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

SANFORD R. BRANDT
5502 SW SUNSHINE FARMS WAY
PALM CITY, FL 34990

SUBJECT: ROSE M. EDWARDS FAMILY, LTD.
Ref. Number: A04000001324

We have received your document for ROSE M. EDWARDS FAMILY, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 114A00014630

CERTIFICATE OF DISSOLUTION
FOR

FILED
14 JUL 18 PM 1:45
TALLAHASSEE, FLORIDA

ROSE M. EDWARDS FAMILY, 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 JULY 28, 2004, assigned Florida document number A04000001324, hereby submits this Certificate of Dissolution.

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

All assets have been distributed.
the two General Partners and three Limited
Partners are agreed that the above named
Florida Limited Partnership should be dissolved.

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.:

Sanford Brandt
James A. Brandt

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