

AD1000000 1416

(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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04/06/15--01032--015 **27.50

03/04/15--01007--024 **25.00

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APR 07 2015

R. WHITE

15 APR -3 AM 11:45

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

JOSEPH M OSSORIO
PO BOX 1397
BOONE, NC 28607

SUBJECT: MONTSOUREAU LIMITED PARTNERSHIP
Ref. Number: A04000001416

We have received your document for MONTSOUREAU LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida limited liability company, but your entity is a Limited partnership. Please complete and return the enclosed blank form(s).

The total amount due is \$52.50.

There is a balance due of \$27.50.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 615A00005776

15 APR -3 PM 1:38

RECEIVED
DIVISION OF CORPORATIONS
APR 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MONTSOREAU 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:

Joseph M Ossorio
(Contact Person)

MONTSOREAU Limited Partnership
(Firm/Company)

PO Box 1397
(Address)

Boone, NC 28607
(City, State and Zip Code)

For further information concerning this matter, please call:

Joseph M Ossorio at (784) 908-9170
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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**

MONTSOREAU 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 8/30/2004, assigned Florida document number AD4000001416, hereby submits this Certificate of Dissolution.

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

PARTNERSHIP NOT NEEDED

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.: _____

[Signature]

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

15 APR -3 AM 11:45
FILED