

404000001547

(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:

*File dissolution first*

Office Use Only



200359825922

02/24/21--01021--025 \*\*52.50

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2021 JUN 18 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FL

JUN 18 2021

D CUSHING

RECEIVED

**Lorri Ewers**  
23120 Whispering Ridge Dr  
Estero, Florida 34135

2021 JUN 18 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FL

May, 2021

Florida Department of State  
ATTN: Diane Cushing  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

RE: S&D Ewers Family Limited Partnership  
File #A04000001547

FILED  
2021 JUN 18 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

Pursuant to your letter dated April 28, 2021, enclosed please find the following documents:

- 1) A copy of your letter dated April 28, 2021;
- 2) A Cover Letter; and
- 3) A Certificate of Dissolution

Please transfer the payment on account to cover the filing fee for this Certificate of Dissolution.

Please contact me or Steve Ciolino (312) 953-7432 should you need any other information.

Sincerely,

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S&D EWERS FAMILY 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:  
STEVE CIOLINO

(Contact Person)

STEVE CIOLINO CPA

(Firm/Company)

1107 E BELL ROAD, SUITE 13

(Address)

PHOENIX, ARIZONA 85022

(City, State and Zip Code)

For further information concerning this matter, please call:

STEVE CIOLINO at ( 602 ) 314-4436  
(Name of Contact Person) (Area Code) (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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2021

STEVE CIOLINO  
STEVE CIOLINO JD, CPA  
1107 E BELL ROAD, SUITE 13  
PHOENIX, AZ 85022

SUBJECT: S & D EWERS FAMILY LIMITED PARTNERSHIP  
Ref. Number: A04000001547

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

You must file the dissolution before you can file the Statement of Termination.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 721A00008842

**CERTIFICATE OF DISSOLUTION  
FOR**

S&D EWERS FAMILY 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 SEPTEMBER 30, 2004, assigned Florida document number A04000001547, hereby submits this Certificate of Dissolution.

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

ALL DEBTS AND LIABILITIES HAVE BEEN PAID, ALL ASSETS HAVE BEEN SOLD AND

FUNDS DISTRIBUTED TO PARTNERS. THE PARTNERSHIP NO LONGER HAS ANY ASSET

OR BUSINESS INTEREST.

**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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature] 5/27/21  
[Signature] 6/2/21  
[Signature] 6/12/21

Randal D. Ewers  
MICHAEL D. EWERS  
Lorri L. Ewers

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

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SECRETARY OF STATE  
TALLAHASSEE, FL