

A 04000001641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

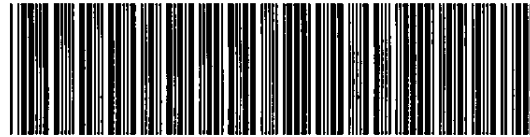
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/12/12--01020--005 **52.50

EFFECTIVE DATE 12-10-12

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12 DEC 10 PM 4:11
TALLAHASSEE, FLORIDA
STATE

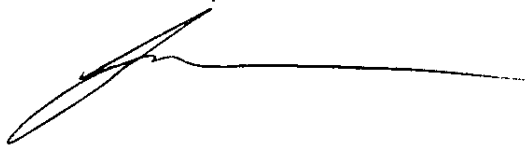
B. BOSTICK
DEC 14 2012
EXAMINER

Barbara, Florida D.O.S.,

Enclosed is the additional Certificate of Dissolution, an additional check for \$52.20, and the original Statement of Termination. (Please remember, the original check for \$52.50, which was filed with the original Statement of Termination, has already been deposited by the Florida Department of State.)

I would very much like to have the Bedford Family Limited Partnership dissolved by the end of the year. To speed things along, if you have any questions regarding these filings, or if I need to send you additional information, please feel free to call me at (813) 240-2621 or (813) 973-8439. I can send you the needed information ASAP.

Thank You,



John Bedford

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEDFORD 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:

Tara Bedford
(Contact Person)
Scarlet Investment Management , Inc.
(Firm/Company)
17607 Esprit Dr.
(Address)
Tampa, FL 33647
(City, State and Zip Code)

For further information concerning this matter, please call:

John Bedford at (813) 240-1621
(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

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**CERTIFICATE OF DISSOLUTION
FOR**

BEDFORD 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 10/19/2004, assigned Florida document number A04000001641, hereby submits this Certificate of Dissolution.

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

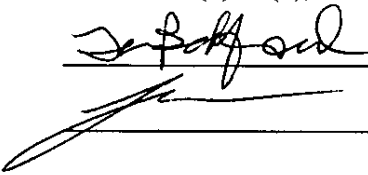
Partners want to liquidate and cash out.

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

THIRD: Effective date, if other than the date of filing: 12/10/2012

(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.:



12/9/12
12/9/2012

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

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TALLAHASSEE FLORIDA
DEPARTMENT OF STATE

FILED