

A 04 0000001878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

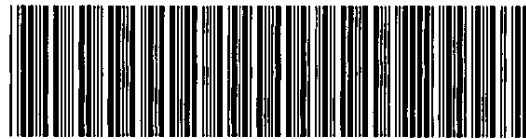
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 SEP -8 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 15 2014  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Metta Partnership, Limited  
(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:

Ryan S. Shaughnessy, Esq.  
(Contact Person)

Banjak & Associates, LLC  
(Firm/Company)

21 N. Meramec Avenue  
(Address)

Clayton, Missouri 63105  
(City, State and Zip Code)

For further information concerning this matter, please call:

Ryan S. Shaughnessy at ( 314 ) 971-4381  
(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<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

**METTA PARTNERSHIP, LIMITED**

(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 11/18/2004, assigned Florida document number A04000001878, hereby submits this Certificate of Dissolution.

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

(1) Family limited partnership structure is no longer necessary to achieve original estate planning and tax purposes. (2) Limited partners desire direct control over investments and other assets of the limited partnership. (3) General partner and all limited partners desire to liquidate the limited partnership.

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

**THIRD:** Effective date, if other than the date of filing: Upon 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

David Hildebrand  
David Hildebrand as manager  
of Metta Management LLC, being  
the General Partner of the  
Metta Partnership Ltd

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TALLAHASSEE, FLORIDA

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**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Metta Partnership, Limited

Description of information that must be included in a claim:

- (1) Name, Address, Telephone Number, & E-Mail Address of Claimant; (2) Amount Claimed;  
(3) Date of Claim; (4) General Nature of Claim (ie. Note, Contract, Tort, etc.); (5) Facts upon which  
Claim is Based; and (6) Sworn Proof of Claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Ryan S. Shaughnessy, Esq., Banjak & Associates, LLC, 21 N. Meramec Avenue, Clayton, Missouri

63105. Claims must be sent by both regular U.S. Mail and certified U.S. Mail. Claims sent via

facsimile or e-mail will be returned and summarily rejected.

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

David H. Debrand as Manager of  
Metta Management LLC, being the

Printed Name  
General Partner of the Metta Partnership Ltd

David H. Debrand

Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

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TALLAHASSEE, FLORIDA

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