

A040000001883

(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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Office Use Only



600188791676

01/13/11--01024--008 **27.50

600188791676
12/22/10--01028--001 **33.75

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10 DEC 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 13 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2010

DIANE L. SUTTON
4476 46TH AVENUE SOUTH
SAINT PETERSBURG, FL 33711

SUBJECT: DT LYNNLEE LIMITED PARTNERSHIP
Ref. Number: A04000001883

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10 DEC 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DT LYNNLEE LIMITED PARTNERSHIP and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 910A00029693

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DT Lynnlee 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:

Diane L Sutton, General Partner

(Contact Person)

(Firm/Company)

4476 46th Avenue South

(Address)

Saint Petersburg, FL 33711

(City, State and Zip Code)

For further information concerning this matter, please call:

Diane L Sutton

(Name of Contact Person)

at (

727

)

423-7422

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

FILED
10 DEC 22 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DT Lynnlee 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 12/1/2004, assigned Florida document number A04000001883, hereby submits this Certificate of Dissolution.

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

Two primary members in need of distribution of their assets.

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

THIRD: Effective date, if other than the date of filing: December 17, 2010

(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.:

Diane L. Sutton, General Partner

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

**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:

DT Lynnlee Limited Partnership

Description of information that must be included in a claim:

1)What is the basis for a claim against this dissolved family limited partnership? Which partner is involved?

2)What legal statutes pertain to the claim?

3)Would a person making a claim be willing to attempt negotiation before litigation, regarding what they felt was due them?

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

Diane Sutton

P.O. Box 11833

St Petersburg, FL 33733-1833

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:

Diane Lynn Sutton

Printed Name

Diane Lynn Sutton
Signature

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

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TALLAHASSEE, FLORIDA