

A040000001907

(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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04/13/11--01029--021 \*\*52.50

FILED  
2011 APR 14 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
APR 14 2011



**Via US Certified Mail 7009 1680 0002 3685 0339**

April 5, 2011

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

**Re: Request for Dissolution**

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution for the following limited partnership along with our check for the respective filing fee:

<u>Entity Name</u>	<u>Document #</u>	<u>Check #</u>	<u>Amount</u>
Fog Sembler Capital PR 3 Limited, S.E.	A04000001907	164378	\$52.50

We respectfully request that the dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution to my attention at the address shown below.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Deann Lazzari Wojcicki  
Chief Financial Officer

DLW/vlm  
K:\Deann\Trs FLA DOS - Dissolution - FogSemCap PR 3 - 4-5-11

Enclosures

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fog Sembler Capital PR 3 Limited, S.E. 10th St.  
(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:

Deann Lazzari Wojcicki  
(Contact Person)

The Sembler Company  
(Firm/Company)

5858 Central Avenue  
(Address)

St. Petersburg, FL 33707-1728  
(City, State and Zip Code)

For further information concerning this matter, please call:

Deann Lazzari Wojcicki at ( 727 ) 384-5000, ext. 3015  
(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

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**CERTIFICATE OF DISSOLUTION  
FOR**

Fog Sembler Capital PR 3 Limited, S.E.

(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 Dec. 6, 2004, assigned Florida document number A04000001907, hereby submits this Certificate of Dissolution.

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

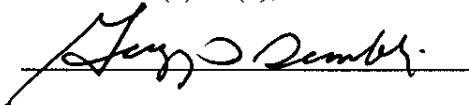
No longer doing business in Florida.

**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.:



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

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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:

Fog Sembler Capital PR 3 Limited, S.E.

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Fog Sembler Capital PR 3 Limited, S.E.

5858 Central Avenue

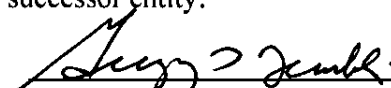
St. Petersburg, FL 33707-1728

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:

Gregory S. Sembler, President of GP

Printed Name

  
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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