

A04000001909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

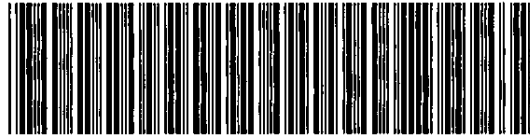
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600270939586

03/24/15--01019--022 **35.00

05/01/15--01002--007 **17.50

FILED
15 APR 29 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY - 5 2015

T. HAMPTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2015

BEVERLY MADISON
6545 CAY CIR
ORLANDO, FL 32809

SUBJECT: BEVERLY MADISON HOLDINGS, LTD.
Ref. Number: A04000001909

RECEIVED
15 APR 28 AM 10:00
DIVISION OF CORPORATIONS
INFORMATION SERVICES

We have received your document for BEVERLY MADISON HOLDINGS, LTD. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 515A00007538

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beverly Madison Holdings, LTD
(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:

Beverly Madison
(Contact Person)
Beverly Madison Holdings, LTD
(Firm/Company)
6545 Cay Circle
(Address)
Orlando FL 32809
(City, State and Zip Code)

For further information concerning this matter, please call:

Beverly Madison at (407) 908-5428
(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

**CERTIFICATE OF DISSOLUTION
FOR**

Beverly Madison Holdings, LTD

(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 12/03/2004, assigned Florida document number A04000001909, hereby submits this Certificate of Dissolution.

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

Business has not commenced

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.:

Bj Bhl
Beverly Madison
Director, Beverly Madison
Management Inc

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

FILED
15 APR 28 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA