

A04000001948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

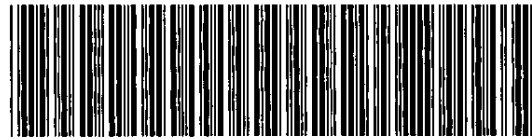
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/07/14--01003--010 **52.50

JUN 19 2014

B. BOSTICK
JUN 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSS 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:

BOB L. MOSS

(Contact Person)

MOSS FAMILY LIMITED PARTNERSHIP

(Firm/Company)

2101 N. ANDREWS AVENUE SUITE 300

(Address)

FORT LAUDERDALE, FLORIDA 33311

(City, State and Zip Code)

For further information concerning this matter, please call:

JOANNA CLARKSON

(Name of Contact Person)

at (954) 524-5678

(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

CK # 5110

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**

MOSS 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 NOVEMBER 22, 2004, assigned Florida document number A04000001948, hereby submits this Certificate of Dissolution.

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

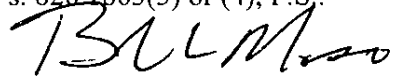
THIS LIMITED PARTNERSHIP WAS NEVER USED.

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.:



BOB L. MOSS

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

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10

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2014

BOB L. MOSS
MOSS FAMILY LIMITED PARTNERSHIP
2101 N. ANDREWS AVENUE, SUITE 300
FT. LAUDERDALE, FL 33311

SUBJECT: MOSS FAMILY LIMITED PARTNERSHIP
Ref. Number: A04000001948

We have received your document for MOSS FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

You checked the box stating that "A Notice of Dissolution is Attached" but there's no attchement.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 314A00010301