

A04000002081

(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



200247007992

04/26/13--01040--004 **52.50

FILED
13 APR 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 28 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2013

EARL SELBURNE
8001 ST ANDREWS CIRCLE
ORLANDO, FL 32835

SUBJECT: SHELBURNE LIMITED FAMILY PARTNERSHIP ONE
Ref. Number: A04000002081

We have received your document for SHELBURNE LIMITED FAMILY PARTNERSHIP ONE, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 113A00014880

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHELBURNE LIMITED FAMILY PARTNERSHIP ONE
(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:

EARL SELBURNE
(Contact Person)
ALTARES MANAGEMENT CORP
(Firm/Company)
8001 ST ANDREWS CIRCLE
(Address)
ORLANDO, FL 32835
(City, State and Zip Code)

For further information concerning this matter, please call:

EARL SHELBURNE at (321) 303-7807
(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
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

SHELBURNE LIMITED FAMILY PARTNERSHIP ONE
(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 12/29/2004, assigned Florida document number AC4000003081, hereby submits this Certificate of Dissolution.

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

ALL BUSINESS OBJECTIVES ACHIEVED
NO LONGER IS THE PARTNERSHIP NEEDED

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

THIRD: Effective date, if other than the date of filing: UPON ACCEPTANCE AND FILING
WITH THE CERTIFICATE
(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.:

ALTARES MANAGEMENT CORP.
EARL SHELBURNE, PRESIDENT
X Earl Shelburne President

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

FILED
13 APR 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED

13 APR 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability 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:

SHELBURNE LIMITED FAMILY PARTNERSHIP ONE

Description of information that must be included in a claim:

WRITTEN SUMMARY / INVOICE

VERIFIED STATEMENT OF ACCOUNT

A TRUE BILL

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

ALTARES MANAGEMENT CORP.

8001 JT ANDREWS CIRCLE

ORLANDO, FLORIDA 32835

321-303-7807

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.

ALTARES MANAGEMENT CORPORATION
Signature of a general partner or a principal of the successor entity:

EARL SHELBURNE, PRESIDENT

Printed Name

X Earl Shells President

Signature

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