

A04669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

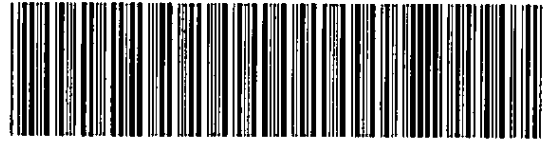
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900333962699

05/10/15 11:01 AM

2019 May 20 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 11 2019

SEP 11 2019

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BAY MOBILE HOME PARKS, LIMITED OF MANATEE COUNTY, FLORIDA
(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:
DONNA ROBBINS

(Contact Person)

BUSINESS SERVICE SYSTEMS PA

(Firm/Company)

6600 4TH STREET N, STE. 101

(Address)

ST. PETERSBURG, FL 33702

(City, State and Zip Code)

For further information concerning this matter, please call:

DONNA at (727) 520-8652

(Name of Contact Person) (Area Code) (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**

BAY MOBILE HOME PARKS, LIMITED OF MANATEE COUNTY, FLORIDA

(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 12/29/1975, assigned Florida document number A04669, hereby submits this Certificate of Dissolution.

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

ONE OF THE PARTNERS IS DECEASED

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

THIRD: Effective date, if other than the date of filing: 12/31/18

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Jerry R. Mahoney Trustee

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

2019 May 20A 1P 40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED