

**AOS 000000 196-**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**AOS-196**

**8/23/06**  
**MS**

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**400076134134**

06/15/06--01012--011 \*\*35.00

08/22/06--01009--010 \*\*52.50

**06 AUG 22 AM 9:46**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_

**DOCUMENT NUMBER:** A05000000196

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Shoemaker  
(Name of Contact Person)

Manuco Pentreng  
(Firm/Company)

128 Ocean Cay Way  
(Address)

Hypoluxo, FL 33462  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Andy at ( 949 ) 637-1688  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2006

ANDREW SHOEMAKER  
128 OCEAN CAY WAY  
HYPOLUXO, FL 33462

SUBJECT: MONACO PARTNERS LTD  
Ref. Number: A05000000196

We have received your document for MONACO PARTNERS LTD and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 206A00041292

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

Monaco Partners LTO

(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 6/1/06, hereby submits this Certificate of Dissolution.

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

never commenced business

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

**THIRD:** Effective date, if other than the date of filing: 6/1/06

(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.:

[Signature]

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

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SECRETARY OF STATE