

A05000000266

00789-06115-00671

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

A05-266

(Document Number)

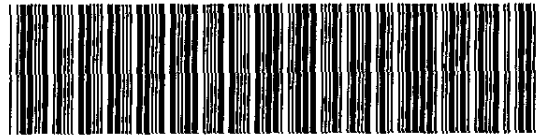
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M. HODGES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 20, 2006

CRAIG R. SEIBERT  
CRS/SEABEE SEIBERT FAMILY LIMITED PARTNE  
5611 QUEENS KEW  
BONITA SPRINGS, FL 34134

SUBJECT: CRS/SEABEE SEIBERT FAMILY LIMITED PARTNERSHIP  
Ref. Number: A05000000266

We have received your document for CRS/SEABEE SEIBERT FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 406A00004295

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CRS/Seabee Seibert 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:

Craig Seibert  
(Contact Person)

CRS/Seabee Seibert FLP  
(Firm/Company)

5611 Queens Row  
(Address)

Bonita Springs, FL  
(City, State and Zip Code)

For further information concerning this matter, please call:

Craig Seibert at ( 239 ) 390-21-31  
(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**

1-27-06

CRS/Seabee Seibert 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 1-31-05, hereby submits this Certificate of Dissolution.

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

The partnership has transferred it business location  
from Florida to Minnesota.

A new F.L.P. was formed in Minnesota on 12-20-2005

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

**THIRD:** Effective date, if other than the date of filing: 12-20-05

(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.:

Craig Seibert

Kurt Seibert

Filing Fee:  
Certified Copy (optional):  
Certificate of Status (optional):

\$52.50

\$52.50

\$8.75

FILED  
TALLAHASSEE, FLORIDA  
06 FEB -1 2006 13