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TALLARAS A TRANS



January 20, 2006

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

SUBJECT: CRS/QUEENS KEW SEIBERT FAMILY LIMITED PARTNERSHIP Ref. Number: A05000000273

We have received your document for CRS/QUEENS KEW 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.

Letter Number: 506A00004295

Michelle Hodges Document Specialist

COVER LETTER

TO: Registration Division of	Section Corporations			
	•	Seibert Familip or Limited Liability Lim	ly himited Partnersh uited Partnership)	
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	for filing.	
Please return all co	rrespondence concerni	ng this matter to:		
Craig	Seibert (Contact Person)			
CRS/A	(Contact Person) (Contact Person) (Firm/Company)	ert FLP		
56//	Au <i>cens Kein</i> (Address)			
	City, State and Zip Code)			
For further informa	tion concerning this m	atter, please call:		
Ovaig Seibert at (Name of Contact Person)		_at (<u>234</u>) 3.	90-2131	
(Name of Cor	itact Person)	(Area Code and D	Paytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations		Registration	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		

CERTIFICATE OF DISSOLUTION FOR

First letter sent 1-17-05 1-27-05

(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 is bling dissolved in Florida as it has
transferred it newbusiness / ucation to minnesota.
a rew FLP in Minnesoto had been found on 12-20-2005
<u> </u>
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: 12-20-2005
(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.: While Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75