

A05000000447

(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



000214082810

11/16/11--01003--010 \*\*52.50

FILED  
2011 NOV 16 AM 10:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

NOV 17 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sembler Family Partnership #39, Ltd.  
(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:

Deann Lazzari Wojcicki  
(Contact Person)

The Sembler Company  
(Firm/Company)

5858 Central Avenue  
(Address)

St. Petersburg, FL 33707-1728  
(City, State and Zip Code)

For further information concerning this matter, please call:

Deann Wojcicki at ( 727 ) 384-6000  
(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<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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



**Via Federal Express**  
November 15, 2011

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

**Re: Requests for Dissolutions**

Dear Sir or Madam:

Enclosed are the appropriate Dissolution documents requesting immediate dissolution of the following entities, along with our checks for the required fee payments.

<u>Entity Name</u>	<u>Document #</u>	<u>Check #</u>	<u>Amount</u>
Sembler BtS LA Holding, LLC	L10000012118	167869	\$25.00
Sembler BtS LA, LLC	L09000122307	167713	25.00
Sembler BtS Partnership #1, Ltd.	A03000000411	167714	52.50
Sembler BtS Partnership #5, Ltd.	A09000000173	167715	52.50
Sembler E.D.P. Partnership #10, Ltd.	A98000000636	167716	52.50
Sembler E.D.P. Partnership #12, Ltd.	A98000002298	167717	52.50
Sembler E.D.P. Partnership #13, Ltd.	A98000002299	167718	52.50
Sembler Family Partnership #31, Ltd.	A03000001774	167719	52.50
Sembler Family Partnership #39, Ltd.	A05000000447	167720	52.50
Sembler Tallahassee, Ltd.	A06000001433	167721	52.50
Total payments enclosed			\$470.00

We respectfully request that the dissolutions be effective as of the date of filing.

Please return your letter acknowledging the filing of these dissolutions to my attention at the address shown below.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'DLW', written over a horizontal line.

Deann Lazzari Wojcicki  
Chief Financial Officer

DLW/vlm  
K DeannLtrs FLA DOS - 10 Dissolutions - 11-15-11

Enclosures

**CERTIFICATE OF DISSOLUTION  
FOR**

Sembler Family Partnership #39, Ltd.

(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 3/2/2005, assigned Florida document number A05000000447, hereby submits this Certificate of Dissolution.

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

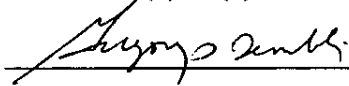
No longer conducting business in Florida.

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

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_

*(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.:



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

FILED  
2011 NOV 16 AM 10:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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

Sembler Family Partnership #39, Ltd.

Description of information that must be included in a claim:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
2011 NOV 16 AM 10:38  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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

5858 Central Avenue

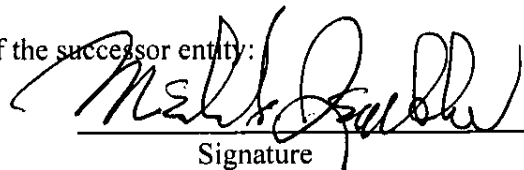
St. Petersburg, FL 33707-1728

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.

Signature of a general partner or a principal of the successor entity:

Melvin F. Sembler

Printed Name



Signature

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