A05 000000540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lampaw Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lance M. Eguizi
(Contact Person)

Creative Office Environments
(Firm/Company)

947 Josiane Ct. #1016
(Address)

Altamonte Springs, FL 32701
(City, State and Zip Code)

For further information concerning this matter, please call:

Lance M. Eguizi at (407) 265-7551
(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

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TALLAHASSEE, FLORIDA

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2006

LANCE M EQUIZI
947 JOSIAME CT #1016
ALTAMONTE SPRINGS, FL 32701

SUBJECT: LANPAW LIMITED PARTNERSHIP
Ref. Number: A05000000540

We have received your document for LANPAW LIMITED PARTNERSHIP and your check(s) totaling $60.00. 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.

There is a balance due of $45.00.

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: 806A00071967

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SECRETARY 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:

Lampaw Limited Partnership

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TALLAHASSEE FLORIDA

Description of information that must be included in a claim:

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

947 Josiane Ct. #1016
Altamonte Springs, FL 32701

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 notice.

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

Lance M. Equizi
Printed Name

Lance M. Equizi
Signature

Filing Fee: **$52.50**
Certified Copy (optional): **$52.50**