*A05000001373

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies		of Statue		
Cerumed Copies	_ Certificates	Or Otatus		
Special Instructions to	Filing Officer:			

Office Use Only



100269333321

02/17/15--01026--016 **36.25

100269333321 01/20/15--01012--020 **25.00

EFFECTIVE DATE

2015 JAN 20 PM 12: 20

K.SALY EXAMINER FEB 18 2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2015

DUBE DEVELOPMENT LTD. CLAUDE DUBE 19110 GANTON AVE. BRANDENTON, FL 34202

SUBJECT: DUBE DEVELOPMENT LTD.

Ref. Number: A05000001373

RECEIVED

15 FEB 12 AH IO: 00

SUREAU OF COMMERCIAL

BUREAU OF COMMERCIAL

We have received your document for DUBE DEVELOPMENT LTD. and your check(s) totaling \$25.00. 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00002055

FILING FEE \$52.50 + CERTIFICATE OF STATUS \$875 = \$6125 MINUS THE ACTUAL CHECK OF \$3500 IN YOUR HAND = \$3635 DUE

COVER LETTER

TO: Registration Division of O					
	BE SEVE.	LOPMENT ip or Limited Liabilit	y Limited Partr	nership)	
	icate of Dissolution an				
Please return all cor	respondence concernit	ng this matter to:			
CLAUSE	(Contact Person)		-		
	(Firm/Company)	<u>. </u>	-		
19110 GANTON AVE (Address)					
	(Address)				
BRADENTO	City, State and Zip Code)	, ス	-		
((City, State and Zip Code)				
For further informat	ion concerning this ma	atter, please call:			
CLAUSE	SUBE	at (941	907	8716	
CLAUSE & UBE at (941) 907 8716 (Name of Contact Person) (Area Code and Daytime Telephone Number)		elephone Number)			
Enclosed is a check	for the following amo	unt:			
□\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Cop	y Certifi	3.75 Filing Fee, ied Copy, and icate of Status	
STREET ADDRES		MAIL	ING ADDRI	ESS:	
Registration Section		Registration Section			
Division of Corporations			Division of Corporations		
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 323		ranana	13300, FL 32.	J17	

Certificate of Status (optional):

CERTIFICATE OF DISSOLUTION

FILED

2015 JAN 20 PM 12: 20 (Name of Florida Limited Partnership or Limited Liability Limited Partnership), LAHASSEE, F 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 07 /14/2005, assigned Florida document number A 050000 / 373 hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) WE STOP OUR OPERATIONS **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. 620.1/803(3) or (4), F.S Filing Fee: \$52.50 \$52.50 Certified Copy (optional):

\$8.75



NOTICE OF DISSOLUTION **FOR** FLORIDA LIMITED PARTNERSHIP

2015 JAN 20 PM 12: 20

OR LIMITED LIABILITY LIMITED PARTNERSHIP

TALLAM ANY OF STATE

This notice is submitted by the dissolved limited partnership or limited liability limited SSEE, FLORIDA

This notice is submitted by the dissolved limited partnership of limited liability limited SSEE, FLORIDA

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This notice is submitted by the dissolved limited partnership of limited specific limited spec 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 ontional and is not required when filing a Certificate of

Dissolution.
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
DUBE SEVELOPMENT LTS
Description of information that must be included in a claim:
THE SPECIFICS OF THE CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 1910 GANTON AVE BRASENTON FL 34202
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:
Printed Name Signature

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