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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

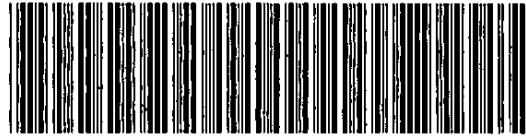
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
08 AUG 19 PM 1:10

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J. BRYAN AUG 14 2008

J. BRYAN

AUG 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Calamusa Family LLP
(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:

Jorge Suarez-Murins
(Contact Person)
Calamusa LLP
(Firm/Company)
275 Harbor Drive
(Address)
Key Biscayne FL 33149
(City, State and Zip Code)

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For further information concerning this matter, please call:

Jorge Suarez at (305) 361-2272
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2008

JORGE SUAREZ
CALAMUSA FAMILY LIMITED LAIBILITY PARTNE
275 HARBOR DRIVE
KEY BISCAYNE, FL 33149

SUBJECT: CALAMUSA FAMILY LIMITED LIABILITY PARTNERSHIP, LLLP
Ref. Number: A05000001513

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We have received your document for CALAMUSA FAMILY LIMITED LIABILITY PARTNERSHIP, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 608A00046070

**CERTIFICATE OF DISSOLUTION
FOR**

Calamusa Family LLP
(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 7/26/05, assigned Florida document number A05000001313, hereby submits this Certificate of Dissolution.

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

Lack of Business now

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

THIRD: Effective date, if other than the date of filing: 90 DAYS AFTER Filing By state

(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.:

[Signature]

Jorge Suarez-Murias

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

**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:

Calamusa Family Limited Liability Partnership LLC

Description of information that must be included in a claim:

No Claims against company
Voluntary Dissolution Because
Lack of Business + no
Funds for annual Report Fees

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

275 Harbor Drive
Key Biscayne FL 33145

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:

Jorge Suarez-Morins
Printed Name

[Signature] 8-10-08
Signature

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

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DIVISION OF CORPORATIONS
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