

A05000001648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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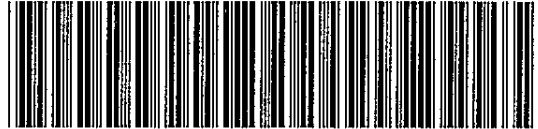
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CLERK
2006 MAY -4 PM 12:56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTHONY F. PAVELSKI FAMILY 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:

ANTHONY F. PAVELSKI
(Contact Person)

ANTHONY F. PAVELSKI FAMILY LIMITED PARTNERSHIP
(Firm/Company)

1912 PIER DR.
(Address)

RUSKIN, FL 33570-6146
(City, State and Zip Code)

For further information concerning this matter, please call:

ANTHONY F. PAVELSKI at (813) 645 3348
(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

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DIVISION OF CORPORATIONS

**CERTIFICATE OF DISSOLUTION
FOR**

ANTHONY F. PAVELSKI FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

(Doc #
A05000001648)

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 8/24/2005, hereby submits this Certificate of Dissolution.

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

NO BUSINESS CONDUCTED.

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.:

Anthony F. Pavelski
ANTHONY F. PAVELSKI

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

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SECRETARY OF STATE
DIVISION OF CORPORATE & BUSINESS REGISTRATION

**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:

ANTHONY F. PAVELSKI FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

COMPLETE DESCRIPTION OF CLAIM

NOTE: LIMITED PARTNERSHIP NEVER PERFORMED
BUSINESS.

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

1912 PIER DR
RUSKIN, FL 33570-6146

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DIVISION OF STATE
2006 MAY -4 PM 12:56

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:

ANTHONY F. PAVELSKI
Printed Name

Anthony F. Pavelski
Signature

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