

A05000002239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07 AUG 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/21/07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flamoi, Limited Partnership
(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:

M' Lou CARRIST
(Contact Person)

900 SE 13TH Ave.
(Address)

Portland, OR 97214
(City, State and Zip Code)

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07 AUG 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

_____ at (_____) _____
(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 22, 2007

M' LOU CHRIST
900 SE 13TH AVE.
PORTLAND, OR 97214

SUBJECT: FLAMOI, LIMITED PARTNERSHIP
Ref. Number: A05000002239

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07 AUG 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FLAMOI, LIMITED PARTNERSHIP 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 effective date must be specific and cannot be prior to the date of filing.

The effective date cannot be prior to 08/21/07, the date received by this office.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 407A00050822

*** CERTIFICATE OF DISSOLUTION
FOR**

Flemoi Limited Partnership

(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 12/19/05, hereby submits this Certificate of Dissolution.

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

No longer wish to do business in Florida.

Original plans have been discontinued.

LP voted to dissolve/terminate 12/15/06

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

THIRD: Effective date, if other than the date of filing: 12/15/06 8/21/07

(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.:

Whouclind

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

07 AUG 21 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE 8/21/07