

A 06 000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

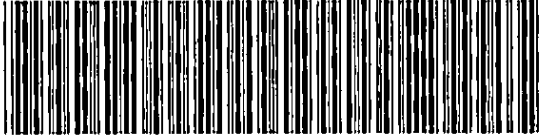
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100317294851

31 541-10 100-00 4 ••113.75

2019 SEP 23 AM 10:44

OCT 16 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2019

MICHAEL R. BECKER
BECKER & LILLY, LLC
100 E. BROAD ST. #2320
COLUMBUS, OH 43214

SUBJECT: GARY AND CONNIE SHARPE FAMILY LIMITED PARTNERSHIP,
LTD.
Ref. Number: A06000000026

We have received your document for GARY AND CONNIE SHARPE FAMILY LIMITED PARTNERSHIP, LTD.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$113.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 119A00018038

RECEIVED
SEP 23 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gary and Connie Sharpe Family Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael R. Becker
(Contact Person)

Becker & Lilly, LLC
(Firm/Company)

100 E. Broad St. #2320
(Address)

Columbus, Ohio 43215
(City, State and Zip Code)

For further information concerning this matter, please call:

Michael R. Becker at (614) 469-4778 Ext. 1
(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

**STATEMENT OF TERMINATION
FOR**

Gary and Connie Sharpe Family Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

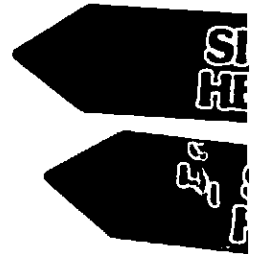
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on December 30, 2005, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

GLS: Gary L. Sharpe
CHS: Connie H. Sharpe

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



2019 SEP 23 AM 10:44