

A06000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED
09 JAN 20 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

IN Q... JAN 20 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2009

TIM S. SHANE PA
621 NW 53 STREET #420
BOCA RATON, FL 33487

SUBJECT: SOUTH FLORIDA PARTNERS 2006, LLLP
Ref. Number: A06000000216

We have received your document for SOUTH FLORIDA PARTNERS 2006, 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.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 109A00000245

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTH FLORIDA PARTNERS 2006 LLLP
(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:

TIM A. SHANE

(Contact Person)

TIM A. SHANE PA

(Firm/Company)

621 NW 53 ST. #420

(Address)

BOCA RATON, FL 33487

(City, State and Zip Code)

For further information concerning this matter, please call:

TIM A. SHANE PA at (561) 886-5580

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

09 JAN 20 PM 2:39

South Florida Partner 2006 LLP

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 1/17/06, assigned Florida document number NO 6000000 216, hereby submits this Certificate of Dissolution.

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

out of business

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.:

[Signature] _____

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:

SOUTH FLORIDA PARTNERS 2006 LLLP

Description of information that must be included in a claim:

Description of claim AND Amount of claim AND
NAME AND ADDRESS of CLAIMANT.

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

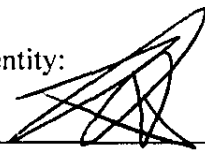
TIM A. SHANE P.A.
TIM A. SHANE Esq.
631 N.W. 53 ST. #420
BOCA RATON, FL 33487

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TALLAHASSEE FLORIDA

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:

TIM A. SHANE
Printed Name


Signature

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