(Re	questor's Name)			
(Ad	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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# **COVER LETTER**

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TO: Registration Division of	Section Corporations	,		
SUBJECT: SEM (Name of	BLER FAMILY PA	ARTNERSHIP #	#46, LTD. Limited Partnership)	
The enclosed Certif	icate of Dissolution an	d fee(s) are submitt	ed for filing.	
Please return all cor	respondence concerning	ng this matter to:		
	Heather Cook			
	(Contact Person)			
	The Sembler Company			
	(Firm/Company)			
	• • •			
	5858 Central Avenue			
	(Address)			
St. 1	Petersburg, FL 33707-17	<b>728</b>		
	(City, State and Zip Code)			
For further informa	tion concerning this m	atter, please call:		
Heathe	r Cook	at ( 727 )	384-6000, Ext. 3083_	
(Name of Con	tact Person)	(Area Code a	nd Daytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
\$52.50 Filing Fee	☐ \$61.25 Filing Fee and Certificate of Status	✓ \$105.00 Filing Fe and Certified Copy	Certified Copy, and Certificate of Status	
STREET ADDRE	SS:	MAILIN	IG ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building			P. O. Box 6327	
2661 Executive Center Circle		Tallahass	see, FL 32314	
Tallahassee, FL, 32	301			

## CERTIFICATE OF DISSOLUTION FOR

	AMILY PARTNERSHIP # artnership or Limited Liability Limited	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on document number A06000000463 Dissolution.	ed partnership, whose certificate 04/04/2006, hereby submits this C	e was filed with the _ assigned Florida Certificate of
FIRST: Reason for dissolution: (S	tate why partnership is submitt	ing dissolution)
No Longer Doing Business		
		<u> </u>
		OCT TO SEE
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)		-9 PHIZ:
THIRD: Effective date, if other than the c	ate of filing:	2: 50 CORNEL
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this docu	ment is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointed pursuan	t to
Augue > Demb	<u></u>	<u> </u>
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



# **Detail by Entity Name**

#### Florida Limited Partnership

SEMBLER FAMILY PARTNERSHIP #46, LTD.

#### Filing Information

**Document Number** 

A06000000463

FEI/EIN Number

20-4627499

Date Filed

04/04/2006

State

Fi

Status

**ACTIVE** 

#### Principal Address

5858 CENTRAL AVE.

ST. PETERSBURG, FL 33707-1728

#### Mailing Address

5858 CENTRAL AVE.

ST. PETERSBURG, FL 33707-1728

#### Registered Agent Name & Address

SEMBLER, GREGORY S

5858 CENTRAL AVE.

ST. PETERSBURG, FL 33707-1728

### **General Partner Detail**

#### Name & Address

Document Number P05000031019

SEMBLER RETAIL II, INC.

5858 CENTRAL AVE.

ST. PETERSBURG, FL 33707-1728

#### **Annual Reports**

 Report Year
 Filed Date

 2013
 05/01/2013

 2014
 04/28/2014

 2015
 02/18/2015

#### **Document Images**

02/18/2015 -- ANNUAL REPORT