A06 600000150

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/28/14--01019--020 **52.50



DENTISE APR 0 2 2014



Via Federal Express Ground March 26, 2014

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

Certificate of Dissolution

Sembler Tyrone Gardens Partnership #1, Ltd.

Document #A06000000750

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution and our check #180248 for \$52.50 for the dissolution of the above-referenced limited partnership.

We respectfully request that this dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution to my attention at the address shown below.

5858 Central Avenue St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Deann Lazzari Wojcicki Chief Financial Officer

DLW/vlm

K DeannLtrs FLA DOS Dissolution SemblerTyrone Grdns PS 1 - 3-26-14

Enclosures

COVER LETTER

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TO: Registration Division of C				
	oler Tyrone Garde Florida Limited Partnershi			
The enclosed Certifi	cate of Dissolution an	d fee(s) are subm	nitted for filing.	
Please return all corr	respondence concernir	ng this matter to:		
Deann Lazzari Wojcic			_	
	(Contact Person)			
The Sembler Compan	-			
	(Firm/Company)			
5858 Central Avenue				
	(Address)		_	
St. Petersburg, FL 33	707-1728			
	(City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:		
Deann Lazzari Wojcic	k i	at (727) 384-6000, ext. 3015	
(Name of Cont	act Person)	(Area Code	e and 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 and Certified Co		
STREET ADDRES	SS:	MAIL	ING ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Cen		Tallah	assee, FL 32314	

CERTIFICATE OF DISSOLUTION **FOR**

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	4-			
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 6/7/2006, assigned Florida document number A06000000750, hereby submits this Certificate of Dissolution.				
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)				
No longer doing 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.:	E Carell			
Shyun Demble For 17	į			
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Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75				