

A06000000803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

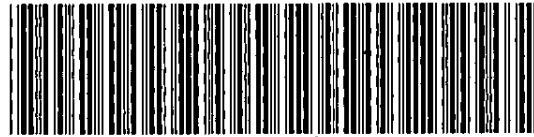
(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JAN 31 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB -1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gale Family Partners LTD.
(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:

David Kligler

(Contact Person)

The Linder Law Group

(Firm/Company)

175 SW 7th St, Ste 2410

(Address)

Miami, FL 33130

(City, State and Zip Code)

For further information concerning this matter, please call:

David Kligler

(Name of Contact Person)

at (305) 717-7103

(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

2012 JAN 31 PM 1:03

GALE FAMILY PARTNERS LTD

(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 June 21, 2006, assigned Florida document number A06000000803, hereby submits this Certificate of Dissolution.

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

Consent of all partners to dissolve the limited partnership.

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.:



Lorena Gomez as Co-Manager of
Gale Holdings, LLC, the General Partner
Esteban E. Gomez as Co-Manager of
Gale Holdings, LLC, the General Partner

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