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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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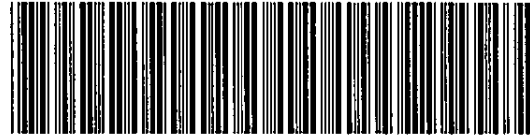
(Business Entity Name)

(Document Number)

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B. BOSTICK

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EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINEMAN INVESTMENT PARTNERS, LP
(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:

SAMUEL M. FINEMAN
(Contact Person)
FINEMAN INVESTMENT PARTNERS, LP
(Firm/Company)
900 NE SPANISH RIVER BLVD 5-E
(Address)
BOCA RATON, FL 33431
(City, State and Zip Code)

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2014 FEB -5 A 11:36
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

SAMUEL M FINEMAN at (215) 901.6109
(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

**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:

FINEMAN INVESTMENT PARTNERS, LP

Description of information that must be included in a claim:

ANY CLAIM FOR ALLEGED MONIES DUE.

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

SAMUEL M FINEMAN, 900 NE SPANISH RIVER BLVD, 5-E BOCA RATON, FL 33431

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 the notice.

Signature of a general partner or a principal of the successor entity

SAMUEL M FINEMAN

Printed Name

Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.