

A06000001054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

A06-1054

(Document Number)

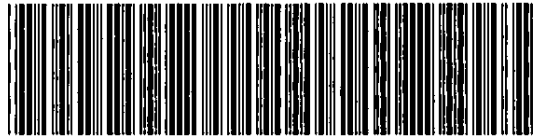
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FILED
10 APR 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. 6035 APR 13 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cove Tenn Partnership #1, 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:

Dennis M. Sheehan
(Contact Person)

Cove Development Group, Inc
(Firm/Company)

17755 U.S. 19 North Suite 200
(Address)

Clearwater, Florida 33764
(City, State and Zip Code)

For further information concerning this matter, please call:

Dennis M. Sheehan at (727) 642-2639
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2010

DENNIS M. SHEEHAN
17755 U.S. 19 NORTH SUITE 200
CLEARWATER, FL 33764

SUBJECT: COVE TENN PARTNERSHIP #1, LTD.
Ref. Number: A06000001054

We have received your document for COVE TENN PARTNERSHIP #1, LTD. 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 effective date must be specific and cannot be prior to the date of filing.

This document was received in our office on 04/02/10.

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
Regulatory Specialist II

Letter Number: 010A00008271

CERTIFICATE OF DISSOLUTION
FOR

FILED

10 APR 13 AM 8:32

Cove Tenn Partnership #1

(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 8-31-06, assigned Florida document number A06000001054, hereby submits this Certificate of Dissolution.

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

Discontinued doing business

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: ~~12-31-09~~ 4-19-10

(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.:

Cove Development Group, Inc. its general partner
By Dennis M. Shalton, President

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**

FILED
10 APR 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Cove Tenn Partnership #1, Ltd

Description of information that must be included in a claim:

1. Date of the event/action from which the
claim is made
2. Amount of claim
3. Reference to original contract, work order or permit

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

17755 U.S. Highway 19 N.
Suite 200
Clearwater, FL 33764

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:

By: Cove Development Group, Inc. Cove Development Group, Inc.
Dennis M. Sheehan, President By: Dennis M. Sheehan
Printed Name Signature

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