A06000001056

(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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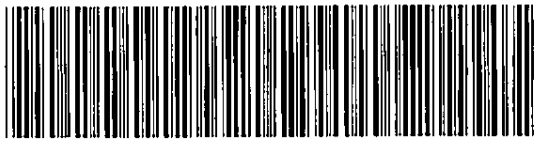
Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: SCARBROUGH FAMILY LIMITED PARTNERSHIP
(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:

JOHN DALE SCARBROUGH
(Contact Person)

SCARBROUGH MANAGEMENT COMPANY
(Firm/Company)

1304 TAMARACK AVE
(Address)

BOULDER, CO 80304
(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN SCARBROUGH at (512) 415-8165
(Name of Contact Person) (Area Code) (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

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OFFICE OF STATE
TALLAHASSEE, FL

CERTIFICATE OF DISSOLUTION
FOR

SCARBROUGH FAMILY LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 08/30/2006, assigned Florida document number A06000001056, hereby submits this Certificate of Dissolution.

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

Closing down business operations on 12/31/24. This entity is no longer needed.

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

THIRD: Effective date, if other than the date of filing: 12/31/24

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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FOR

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Certificate of Status (optional):	**$8.75**