A0600000459

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JAN - 6 2012

EXAMINER

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Sem (Name o	bler Dawsonville, f Florida Limited Partnersh	Ltd. ip or Limited Liability Limited	Partnership)
The enclosed Certif	icate of Dissolution ar	nd fee(s) are submitted for	filing.
Please return all con	respondence concerni	ng this matter to:	
Deann Lazzari Wojcio	cki		
	(Contact Person)		
The Sembler Compa	nv		
	(Firm/Company)		
5858 Central Avenue	•		
	(Address)		
St. Petersburg, FL 3	3707-1728		
	(City, State and Zip Code)		
•			
For further informa	tion concerning this m	atter, please call:	
Deann Wojcicki		at (727) 384-60	000
(Name of Con	tact Person)	(Area Code and Dayt	ime Telephone Number)
Enclosed is a check	for the following amo	ount:	
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRE	SS:	MAILING AD	DRESS:
Registration Section		Registration Se	ction
_	vivision of Corporations Division of Corporations		porations
Clifton Building		P. O. Box 6327	
2661 Executive Cer		Tallahassee, FL	, 32314
Tallahassee, FL 32	301		



December 22, 2011

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

Re: Request for Dissolution

Dear Sir or Madam:

Enclosed is the Certificate of Dissolution along with check #167868 for the required \$52.50 filing for the following Florida limited partnership:

Entity Name	Document #	Check #	<u>Amount</u>
Sembler Dawsonville, Ltd.	A06000001459	167868	\$52.50

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

Also enclosed is the Notice of Dissolution for Florida Limited Partnership to be filed along with the Certificate of Dissolution.

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

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

Sincerely,

Deann Lazzari Wojcicki Chief Financial Officer

K DeannLitrs FLA DOS – Dissolution –SemDawsonvilleLtd – 12-22-11

Enclosures

CERTIFICATE OF DISSOLUTION FOR

Sembler Dawsonville, Ltd.	artuardin ar I in	nited Liability Limited Partnership)	
(Name of Florida Limited P	artnership or Lin	iited Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 12/document number A06000001459	ed partnership	o, whose certificate was filed	with the
Dissolution.			
FIRST: Reason for dissolution: (S	State why part	nership is submitting dissolut	ion)
No longer conducting business in Flori	da.		
		· · · · · · · · · · · · · · · · · · ·	
SECOND: A Notice of Disso (Check box if atta		hed.	
THIRD: Effective date, if other than the o	date of filing:		·
(Effective date cannot be prior to nor more Department of State.)	e than 90 days af	ter the date this document is filed b	y the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	ppointed pursuant to	
Shyong Dembly		·	
,			
	_		
		·	DIVIS 12
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		JA
Certificate of Status (optional):	\$8.75		of Char

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:	
Sembler Dawsonville, Ltd.	·
Description of information that must be included in a claim:	
	12
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	12 JAN -4
5858 Central Avenue	
St. Petersburg, FL 33707-1728	AM 11: 32
	32
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 w 4 years after the filing of the notice.	rithin
Signature of a general partner or a principal of the successor entity:	
Gregory S. Sembler Start June 1	
Printed Name Signature	

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

\$52.50.