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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

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TO: Registration Section

Tallahassee, FL 32301

Division of Corporations	
CLUB IT OT	WNSEND FAMILY FLORIDA LIMITED PARTNERSHI
(Name of Florida t.	imited Partnership or Limited Liability Limited Fautership)
The enclosed Certificate of Dissol Please return all correspondence of DALLAS B. TOWNSEND	lution and fee(s) are submitted for filing. concerning this matter to:
	(Contact Person)
	(Firm/Company)
P. O. BOX 670	
	(Address)
FELDA, FLORIDA 33930-0670	
(C	ity, State and Zip Code)
For further information concerning	g this matter, please call:
DALLAS B. TOWNSEND	at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:
\$52.50 Filing Fee \$61.25 Filing and Certific Status	sig Fee S105.00 Filing Fee and Certified Copy and Certificate of Status
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

CERTIFI	CATE OF DISSOLUTION	
	FOR	
ALLAS & DORIS TOWNSEND FAMIL	Y FLORIDA LIMITED PARTNERSHIP	<u>.</u>
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)		
artnership or limited liability limite Jorida Department of State on JUNE	620.1203. Florida Statutes, this Florida limited d partnership, whose certificate was filed with the 21, 2007, assigned Florida, hereby submits this Certificate of	
IRST: Reason for dissolution: (St	ate why partnership is submitting dissolution)	
STATE PLANNING PURPOSES FOR D		
		_
ECOND: A Notice of Dissolu (Check box if at		
nartment of State.)	not meet the applicable statutory filing requirements, this dat	
ignatures of each general partner or the pe	rson appointed pursuant to s. 620.1803(3) or (4), F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

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:

DALLAS & DORIS TOWNSEND FAMILY FLORIDA LIMITED PARTNERSHIP

Description of information that must be included in a claim:

THE PARTNERSHIP HAS NEVER OPERATED AS A BUSINESS. IT ONLY HELD TITLE TO REAL

PROPERTY WHICH WAS DEEDED TO DALLAS B. TOWNSEND AND DORIS H. TOWNSEND,

HUSBAND AND WIFE ON JULY 8, 2024.

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

DALLAS B. TOWNSEND

P. O. BOX 670

FELDA, FLORIDA 33930-0670

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:

Dallas B. Joursend Walles B. Joursend

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

24 JUL 11 Fri 6: 25