

A07000000872

(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB -9 P 2:34

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FEB 10 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DADITCH PARTNERS, 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:

WILLIAM L. DAHL

(Contact Person)

(Firm/Company)

PO BOX 449

(Address)

PONTE VEDRA BEACH FL 32004

(City, State and Zip Code)

For further information concerning this matter, please call:

WILLIAM L. DAHL

(Name of Contact Person)

at (

904

) 329-4470

(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

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TALLAHASSEE, FL
SECRETARY OF
STATE

**CERTIFICATE OF DISSOLUTION
FOR**

DADITCH PARTNERS LTD

(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 JULY 13, 2007, assigned Florida document number A07000000872, hereby submits this Certificate of Dissolution.

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

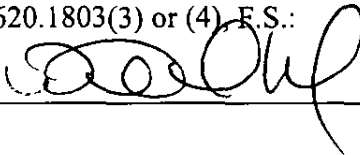
PARTNERSHIP NO LONGER HOLDS ANY ASSETS AND HAS TERMINATED ALL ACTIVITY.

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

THIRD: Effective date, if other than the date of filing: _____

(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.:



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TALLAHASSEE, FLORIDA

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**

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:

DADITCH PARTNERS, LTD

Description of information that must be included in a claim:

NAMES, ADDRESS, DATE OF EVENT AND DISCRPTION OF CLAIM

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

PO BOX 449 PONTE VEDRA BEACH FL 32004

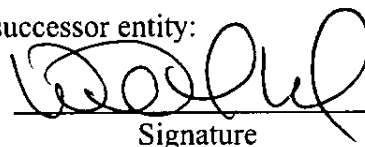
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TALLAHASSEE, FLORIDA

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:

WILLIAM L. DAHL

Printed Name


Signature

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