

A08000001031

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

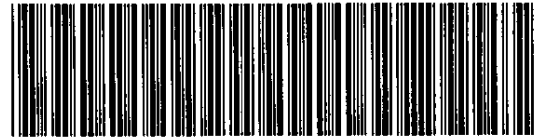
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 JAN 13 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2016

SUSTAIN WEALTH ADVISORS  
ELI MITCHAM  
11777 KATY FWY #340  
HOUSTON, TX 77079

SUBJECT: THE ALICE S. BARRETT FAMILY LIMITED PARTNERSHIP NO. 1  
Ref. Number: A08000001031

RECEIVED  
2017 JAN 13 PM 4:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE ALICE S. BARRETT FAMILY LIMITED PARTNERSHIP NO. 1 and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 416A00025363



**SustainWealth**  
A D V I S O R S

**MEMORANDUM**

**TO:** Karen Saly, Florida Department of State  
**FROM:** Eli Mitcham  
**DATE:** 1/10/2017  
**RE:** Dissolution #A08000001031

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Dear Karen,

Our original submission for the dissolution of The Alice S Barrett Family Limited Partnership No. 1 was rejected.

Please find the corrected form executed and attached.

It's my understanding our original payment of \$52.50 has been retained by the department and no additional fee is required at this time.

Should you require additional action, please feel free to contact me directly at 281-496-8000 x102

Thank you.

Eli Mitcham

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE ALICE S. BARRETT FAMILY LIMITED PARTNERSHIP NO. 1  
(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:

ELI MITCHAM

(Contact Person)

SUSTAIN WEALTH ADVISORS

(Firm/Company)

11777 KATY FREEWAY #340

(Address)

HOUSTON, TX 77079

(City, State and Zip Code)

For further information concerning this matter, please call:

ELI MITCHAM

(Name of Contact Person)

at ( 281 ) 496-8000 X102

(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

↑  
PREVIOUSLY SUBMITTED  
& DEPOSITED

**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

**CERTIFICATE OF DISSOLUTION  
FOR**

THE ALICE S. BARRETT FAMILY LIMITED PARTNERSHIP No. 1

(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 12/15/2008, assigned Florida document number A08000001031, hereby submits this Certificate of Dissolution.

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

DEATH OF GENERAL PARTNER & COMPLETION OF

BUSINESS ACTIVITIES.

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

**THIRD:** Effective date, if other than the date of filing: UPON 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.:

Ronald L. Whidden

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

FILED  
2009 JAN 13 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA