

Dec 06 16:03:39a

Janet M. Strickland P.A.

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF JANET M. STRICKLAND, P.A.
Account Number : I20030003089
Phone : (239) 472-3322
Fax Number : (239) 472-3302

**DISS/TERM/CANCEL/REV OF LP/LLP
SHELINE PARTNERSHIP, LLLP**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$61.25

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**CERTIFICATE OF DISSOLUTION
FOR**Sheline Partnership, LLP

(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 01/22/2009, assigned Florida document number A09000000053, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)The Partnership no longer holds assets and all partners have consented to its dissolution.

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

THIRD: Effective date, if other than the date of filing: December 15, 2016

(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.:

Paul V. Smith, Partner
Paul V. Smith, Partner

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

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**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:

Shelina Partnership, LLLP

Description of information that must be included in a claim:

Amount due, date of claim, name and address of claimant, basis of claim.

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


425 Bayshore Drive, Unit 19, Panama City Beach, FL 32407

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:

Raymond Kenneth Shelina, Trustee

Printed Name


Signature

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

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