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. Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICE OF JANET M. STRICKLAND, P.A.

Account Number : 120030000089 Phone

: (239)472-3322

Fax Number

: (233)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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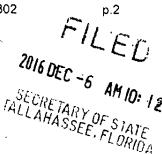
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K. SALY DEC -7 2016 Janet M. Strickland P.A.

2394723302

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CERTIFICATE OF DISSOLUTION FOR

Sheline Partnership, LLLI	•/ 			
(Name of Florida Limited Pr	artnership 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 <u>D1/22/2009</u> assigned Florida document number <u>A09000000053</u> , 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 Disso (Check box if atta	· · · · · · · · · · · · · · · · · ·			
THIRD: Effective date, if other than the	date of filing: December 15, 2016			
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Florida			
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to			
5. 620.1805(5) or (4), F.S.	nt			
Fand Your SO	-titi			
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50			
Certificate of Status (optional):	\$8.75			

n 3

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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:

Sheline 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 Sheline, Trustee

Printed Name

Signature

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

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