

A69 000006173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/16/11--01003--005 **52.50

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2011 NOV 16 AM 10:28
TALLAHASSEE, FLORIDA

T. HAMPTON
NOV 17 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sembler BtS Partnership #5, 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:

Deann Lazzari Wojcicki

(Contact Person)

The Sembler Company

(Firm/Company)

5858 Central Avenue

(Address)

St. Petersburg, FL 33707-1728

(City, State and Zip Code)

For further information concerning this matter, please call:

Deann Wojcicki

(Name of Contact Person)

at (727)

384-6000

(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



Via Federal Express
November 15, 2011

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

Re: Requests for Dissolutions

Dear Sir or Madam:

Enclosed are the appropriate Dissolution documents requesting immediate dissolution of the following entities, along with our checks for the required fee payments.

<u>Entity Name</u>	<u>Document #</u>	<u>Check #</u>	<u>Amount</u>
Sembler BtS LA Holding, LLC	L10000012118	167869	\$25.00
Sembler BtS LA, LLC	L09000122307	167713	25.00
Sembler BtS Partnership #1, Ltd.	A03000000411	167714	52.50
Sembler BtS Partnership #5, Ltd.	A09000000173	167715	52.50
Sembler E.D.P. Partnership #10, Ltd.	A98000000636	167716	52.50
Sembler E.D.P. Partnership #12, Ltd.	A98000002298	167717	52.50
Sembler E.D.P. Partnership #13, Ltd.	A98000002299	167718	52.50
Sembler Family Partnership #31, Ltd.	A03000001774	167719	52.50
Sembler Family Partnership #39, Ltd.	A05000000447	167720	52.50
Sembler Tallahassee, Ltd.	A06000001433	167721	52.50
Total payments enclosed			\$470.00

We respectfully request that the dissolutions be effective as of the date of filing.

Please return your letter acknowledging the filing of these dissolutions to my attention at the address shown below.

If you have any questions, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deann Lazzari Wojcicki'.

Deann Lazzari Wojcicki
Chief Financial Officer

DLW/vlm
K:\Deann\Ltrs FLA DOS - 10 Dissolutions - 11-15-11

Enclosures

**CERTIFICATE OF DISSOLUTION
FOR**

Sembler BtS Partnership #5, 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 3/12/2009, assigned Florida document number A09000000173, hereby submits this Certificate of Dissolution.

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

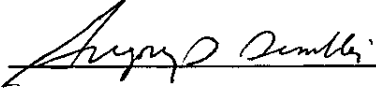
No longer conducting business in Florida.

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.:



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Sembler BtS Partnership #5, Ltd.

Description of information that must be included in a claim:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

5858 Central Avenue

St. Petersburg, FL 33707-1728

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

Melvin F. Sembler

Printed Name


Signature

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