

A090000000239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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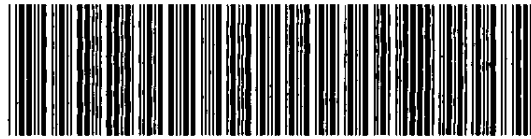
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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N. O'Connell JAN - 4 2010

John H. Shiver  
Barbara J. Shiver  
3911 W. Campbell Road  
P.O. Box 369  
Kathleen, FL 33849  
863-899-5635

December 3, 2009

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: The John and Lessie Mae Shiver Legacy Family Limited Partnership  
Document number A09000000239

To Whom It May Concern:

By way of this letter, my goal is to dissolve the aforementioned partnership. Please contact me by mail or telephone if there are any other steps I need to take to accomplish this other than this letter.

Thank you for your attention and assistance to this matter.

Sincerely,

*John H. Shiver*  
*Barbara J. Shiver*

John H. Shiver & Barbara J. Shiver, as Managing Partners of THE JOHN AND LESSIE MAE SHIVER LEGACY FAMILY LIMITED PARTNERSHIP, A FLORIDA FLP.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The John and Lessie Mae Shiver Legacy Family limited partnership  
(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:

John H. Shiver  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 3169  
(Address)

Kathleen, FL 33849  
(City, State and Zip Code)

For further information concerning this matter, please call:

John H. Shiver at (863) 899-5635  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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

**CERTIFICATE OF DISSOLUTION  
FOR**

The John and Lessie Mae Shiver Legacy Family Limited Partnership  
(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 4-10-09, assigned Florida document number A09000000239, hereby submits this Certificate of Dissolution.

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

Partners are husband + wife + Limited Partnership is not needed.

**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.:

x John H. Shiver  
John H. Shiver

x Barbara J. Shiver  
Barbara J. Shiver

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

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 31 AM 11:56

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