

AD9 0000000567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

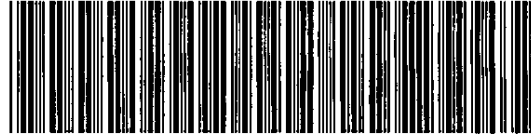
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 31 P 4 38
CLERK OF STATE
TALLAHASSEE, FLORIDA

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S Warren

SEP 06 2016

310 EAST DRINKER STREET
P.O. BOX 175
DUNMORE, PA 18512-0175
www.telliecoleman.com



AREA CODE (570)
969-2828
FAX: 969-0234

Nicholas D. Tellie*
Patrick N. Coleman**

e-mail: *nick@telliecoleman.com
**pat@telliecoleman.com

Kimberly M. Thomas***
***Licensed in PA, NY & NJ

***kim@telliecoleman.com

August 25, 2016

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

RE: Blohm Family Limited Partnership
#A09000000567

Dear Sir/Madame:

With regard to the above matter, enclosed are executed originals of a Certificate for Dissolution, Notice of Dissolution with fee enclosed (\$52.50), as well as, a Statement of Termination with fee enclosed (\$52.50). I am also enclosing a photocopy of these documents. Kindly file the originals and return the photocopies to me time stamped in the enclosed self addressed stamped envelope. Thank you.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to be 'K. Thomas', is written over the typed name. The signature is fluid and cursive, with a large loop at the end.

Kimberly Thomas, Esquire

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blohm Family Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kim Thomas, Esq

(Contact Person)

Tellie & Coleman

(Firm/Company)

310 E. Drinker St.

(Address)

Dunmore, PA 18512

(City, State and Zip Code)

For further information concerning this matter, please call:

Kim Thomas

(Name of Contact Person)

at (570) 969 2828

(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

**STATEMENT OF TERMINATION
FOR**

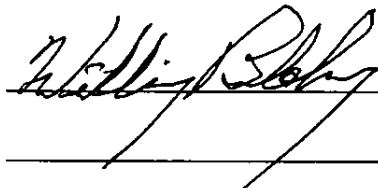
Blohm Family Limited Partnership

(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 August 7, 2009, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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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TALLAHASSEE, FLORIDA