

A090000000693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

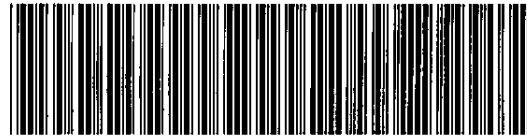
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/20/10--01006--017 **35.00

D. BRUCE

JAN 21 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2011

WYNDI FASCIANA
1160 S. POWERLINE RD.
POMPANO BEACH, FL 33069

SUBJECT: TOXIC ASSET RELIEF FUND PARTNERSHIP, LLLP
Ref. Number: A09000000693

We have received your document for TOXIC ASSET RELIEF FUND PARTNERSHIP, LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 011A00000582

11 JAN 20 PM 4: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

WYNDI FASCIANA
1160 S. POWERLINE RD.
POMPANO BEACH, FL 33069

SUBJECT: TOXIC ASSET RELIEF FUND PARTNERSHIP, LLLP
Ref. Number: A09000000693

FILED
11 JAN 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TOXIC ASSET RELIEF FUND PARTNERSHIP, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 710A00029448

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Toxic Asset Relief Fund Partnership, LLP
(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:

WYNDI FASCIANA

(Contact Person)

Toxic Asset Relief Fund Partnership, LLP

(Firm/Company)

1160 South Powerline RD

(Address)

Pompano Bch, FL, 33069

(City, State and Zip Code)

For further information concerning this matter, please call:

WYNDI FASCIANA

(Name of Contact Person)

at (954) 736-8750

(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

FILED
11 JAN 20 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Toxic Asset Relief Fund 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 9/30/09, assigned Florida document number AP09000000693, hereby submits this Certificate of Dissolution.

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

THE BUSINESS ^{HAD} NEVER GOTTEN STARTED.

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.:

Myndi P. Fasciana

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