

A09000000838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

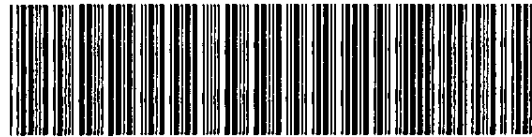
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/04/11--01025--028 \*\*52.50

FILED  
2011 FEB -4 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB -7 2011  
EXAMINER

**DUNWODY  
WHITE &  
LANDON, P.A.**

**ATTORNEYS AT LAW**

JACKSON M. BRUCE, JR.	DAVID M. HALPEN
DANIEL K. CAPES	ROBERT D. W. LANDON, II
NEIL R. CHRYSTAL	JEREMY P. LEATHE
JORGE DE LA CRUZ-MUÑOZ	THOMAS J. MATKOV
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JACK A. FALK, JR.	ROBERT A. WHITE
RONALD L. FICK	
JOHN J. GRUNDHAUSER	ATWOOD DUNWODY (1912-1996)

*Reply to Miami Office*  
*E-mail: [mstreet@dwl-law.com](mailto:mstreet@dwl-law.com)*

February 2, 2011

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**  
**#7160 3901 9848 8064 8501**

Registration Section  
Division of Corporations  
State of Florida  
Post Office Box 6327  
Tallahassee, FL 32314

***Re: Jeanne S. Corlett Family Limited Partnership , LP***

Dear Sir or Madam:

This firm represents Jeanne S. Corlett, as Personal Representative of the Estate of Edward S. Corlett, III.

In connection with the dissolution of the above captioned limited partnership enclosed is an original and one copy of each of the following documents:

1. Cover Letter to Registration Section, Divisions of Corporations with contact information;
2. Certificate of Dissolution for Jeanne S. Corlett Family Limited Partnership, LP, and
3. Notice of Dissolution for Florida Limited Partnership or Limited Liability Limited Partnership.

Please file the original Cover Letter, the Certificate of Dissolution and the Notice of Dissolution. This firm's check, payable to the Florida Department of State in the amount of \$52.50 is enclosed to cover the filing fees.

MIAMI  
550 Biltmore Way  
Suite 810  
Coral Gables, Florida 33134  
Telephone 305 / 529-1500  
Fax 305 / 529-8855

NAPLES  
4001 Tamiami Trail North  
Suite 200  
Naples, Florida 34103  
Telephone 239 / 263-5885  
Fax 239 / 262-1442

PALM BEACH  
Plaza Center, Suite 501  
249 Royal Palm Way  
Palm Beach, Florida 33480  
Telephone 561 / 655-2120  
Fax 561 / 655-2168

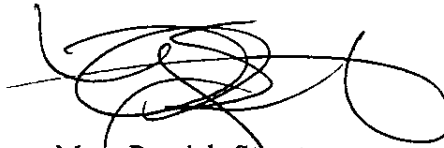
Registration Section  
State of Florida  
Division of Corporations  
February 2, 2011  
Page 2

Please acknowledge receipt of this letter and the enclosures listed above, by affixing your receipt stamp, with the date of receipt, on the enclosed copy of this letter and on each of the enclosed copies of the forms listed above. Please return the stamped copies to the attention of the undersigned in the postage paid return envelope enclosed for your use.

Should you have any questions concerning the foregoing, or require additional documentation, please contact the undersigned or my assistant, Melissa Manresa, at (305) 529-1500.

Thank you in advance for your cooperation and assistance.

Sincerely,



Mary Pasciak-Street  
Florida Registered Paralegal

/mps

Enclosures

cc: Jeanne S. Corlett, Personal Representative  
Zarie S. Jones, Vice President, Northern Trust Bank, (w/encls.)  
William T. Muir, Esq.

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jeanne S. Corlett Family Partnership, LP  
(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:

William T. Muir, Esq.  
(Contact Person)

Dunwody White & Landon, P.A.  
(Firm/Company)

550 Biltmore Way, Suite 810  
(Address)

Coral Gables, FL 33134  
(City, State and Zip Code)

For further information concerning this matter, please call:

William T. Muir, Esq. at ( 305 ) 529-1500  
(Name of Contact Person) (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

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

**2011 FEB -4 PM 1:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Jeanne S. Corlett Family Partnership, LP

(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 12/04/2009, assigned Florida document number A09000000838, hereby submits this Certificate of Dissolution.

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

The assets of the partnership have been sold.


**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.:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Jeanne S. Corlett, Personal Representative  
of the Estate of Edward S. Corlett, III -  
General Partner

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

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
2011 FEB -4 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Jeanne S. Corlett Family Partnership, LP

Description of information that must be included in a claim:

Claimant name, address and telephone number

Reason for filing claim

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

c/o William T. Muir, Esq.

Dunwody White & Landon, P.A.

550 Biltmore Way, Suite 810

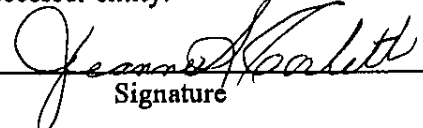
Coral Gables, FL 33134

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:

Jeanne S. Corlett

Printed Name

  
Signature

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