

A09917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

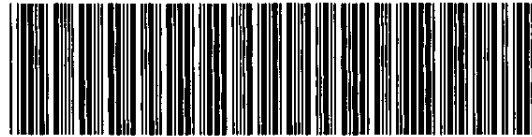
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No envelope attached

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Office Use Only



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11/05/12--01010--015 **61.25

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TALLAHASSEE FLORIDA
2012 NOV -5 AM 8:10

J. SAULSBERRY
EXAMINER

NOV 7 2012

Pope & Barloga, P.A.

Attorneys At Law

Scott B. Barloga, J.D., LL.M. (Tax)*†
H. Cranston Pope, J.D., LL.M. (Tax)**‡
Angela N. Warren, J.D. ❖

* Florida Bar Certified in Wills, Trusts & Estates
** Florida Bar Certified in Tax Law
† Also admitted in Georgia and North Carolina
‡ Also admitted in Colorado
❖ Also admitted in Alabama

736 Jenks Ave.
P.O. Box 1609
Panama City, FL 32402
Phone: 850-784-9174
Fax: 850-784-9175

November 2, 2012

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution – Weigle Family Associates, Inc.

Good Morning:

Enclosed please find the following documents in connection with the above merger:

1. Cover Letter;
2. Certificate of Dissolution;
3. Notice of Dissolution; and
3. Check in the amount of \$61.25 to cover the fee for filing and Certificate of Status.

I have also enclosed a self-addressed stamped envelope for the return of the original signed documents if that is possible. Should you have any questions, please feel free to contact me.

Sincerely,



Becky Stanton
Assistant to Scott B. Barloga

/enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Weigle Family Associates, 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:

Scott B. Barloga
(Contact Person)

Pope & Barloga, P.A.
(Firm/Company)

P.O. Box 1609
(Address)

Panama City, FL 32402
(City, State and Zip Code)

2002 NOV -5 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Scott B. Barloga at (850) 784-9174
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" 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**

Weigle Family Associates, 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 01/12/1981, assigned Florida document number A09917, hereby submits this Certificate of Dissolution.

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

The general partners and limited partners of the partnership have unanimously agreed to dissolve

the partnership pursuant to the terms of the partnership agreement.

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
§ 620.1803(3) or (4), F.S.:

Samuel C. Weigle
Samuel C. Weigle

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

2012 NOV -5 AM 8:10
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:

Weigle Family Associates, LTD

Description of information that must be included in a claim:

Name and contact information of claimant; date & nature of claim

receipts or other documents which substantiate the claim

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

320 South Bonita Ave., Panama City, Florida 32401

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:

Samuel C. Weigle

Printed Name

Samuel C. Weigle
Signature

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

2007 NOV -5 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA