

A10000000090

(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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01/17/18--01008--001 **25.00

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02/12/18--01005--003 **27.50

FILED
18 FEB 13 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

FEB 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2018

WARREN S. CHASE
P.O. BOX 32188
PALM BEACH GARDENS, FL 33420

SUBJECT: AFRISTAR FINANCE LTD.
Ref. Number: A10000000090

We have received your document for AFRISTAR FINANCE LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP - GP, but your entity is a LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$27.50.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 318A00001367

**CERTIFICATE OF DISSOLUTION
FOR**

Afristar Finance 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 02/12/2010, assigned Florida document number A10000000090, hereby submits this Certificate of Dissolution.

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

No further business purpose.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: February 28, 2010
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Walter S. Chavira

as

→ Trustee, Irving H. Chavira Declaration of Trust

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

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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:

Abrister Finance Ltd.

Description of information that must be included in a claim:

Proof of claim and affidavit.

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

Po Box 32188

Palm Beach Gardens, FL 33420

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:

Warner S. Chase

Printed Name

Warner S. Chase

Signature

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA