

AI1000000205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 OCT -3 AM 11:05
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. Culligan OCT 10 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **THE SATANOSKY FAMILY LIMITED PARTNERSHIP**

(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:

STACI HERSHEY, ESQ

(Contact Person)

GRSH LAW

(Firm/Company)

20801 BISCAYNE BLVD., SUITE 306

(Address)

AVENTURA, FLORIDA 33180

(City, State and Zip Code)

For further information concerning this matter, please call:

STACI HERSHEY at (305) 792-0439

(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

THE SATANOSKY FAMILY LIMITED PARTNERSHIP

FILED

12 OCT -3 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 03/14/2011, assigned Florida document number A11000000205, hereby submits this Certificate of Dissolution.

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

Partnership has ceased operation.

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.:

LAURIE SATANOSKY

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