

A12 000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP - 9 P 3: 39

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SEP 12 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D. L. Parker Holdings, 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:

Benjamin Devlen, CPA

(Contact Person)

Joseph C. Kempe, PA Attorneys and Counselors at Law

(Firm/Company)

941 N. Highway A1A

(Address)

Jupiter, FL 33477

(City, State and Zip Code)

For further information concerning this matter, please call:

Benjamin Devlen

(Name of Contact Person)

at ( 561 ) 747-7300

(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

2018 SEP 9 P 3:39  
TALLAHASSEE, FL 32314  
DEPARTMENT OF STATE

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**CERTIFICATE OF DISSOLUTION  
FOR**

D. L. Parker Holdings, 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 January 31, 2012, assigned Florida document number A12000000049, hereby submits this Certificate of Dissolution.

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

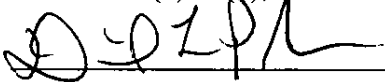
The partnership is discontinuing operations.

**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.:



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

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