

A12000000436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

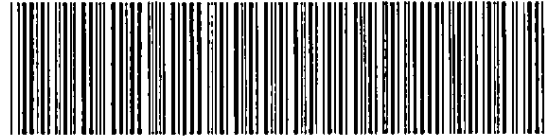
(Business Entity Name)

(Document Number)

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

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2020 APR 22 PM 1:42

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2020 APR 22 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y. SHILKER

APR 23 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bova Family Limited Partnership

Signature \_\_\_\_\_

Requested by: Seth

04/21/20

Name

Date

Time

Walk-In

Will Pick Up

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BOVA FAMILY LIMITED PARTNERSHIP  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ALFRED BOVA

(Contact Person)

(Firm/Company)

901 SE 31ST STREET, UNIT R

(Address)

BOCA RATON, FL 33432

(City, State and Zip Code)

For further information concerning this matter, please call:

DEBORAH ACOSTA

(Name of Contact Person)

at ( 561 ) 272-1225

(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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF TERMINATION  
FOR**

**BOVA FAMILY LIMITED PARTNERSHIP**

(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 07/30/2012, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

Bova GP, Inc.

\*

By:

Alfred Bova, President

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

FILED  
2020 APR 22 AM 8:55  
STATE OF FLORIDA  
TALLAHASSEE OFFICE

**CONSENT TO DISSOLUTION OF BOVA FAMILY  
LIMITED PARTNERSHIP**

The Limited Partnership Agreement of the BOVA FAMILY LIMITED PARTNERSHIP, (the "Agreement"), made and entered into the 30<sup>th</sup> day of July, 2012, allows for the dissolution of the partnership upon the written consent of all partners.

Now therefore the parties desire to dissolve the partnership and distribute the assets pursuant to the Agreement. By their signature below the partners consent to the dissolution of the partnership and direct that the General Partner take action as necessary to dissolve the partnership and distribute the assets to the partners in accordance with the terms of the Agreement.

BOVA GP, INC., General Partner

By: 

ALFRED BOVA, President

DATE: 1-7-2020

**LIMITED PARTNERS**

BOVA FAMILY TRUST ORIGINALLY DATED  
MAY 11, 2011 AND AMENDED ON JUNE 11, 2012

  
ALFRED BOVA, Trustee

  
ANTHONY BOVA, Trustee