

A13190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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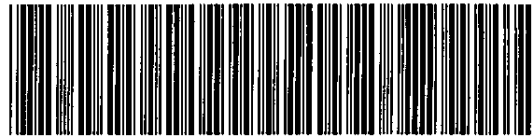
(Business Entity Name)

(Document Number)

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07 MAY 29 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-30
[Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweetbay Limited

(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:

Aaron Bauldree, Esq.

(Contact Person)

(Firm/Company)

4755 Knollwood Drive

(Address)

Tallahassee, Florida 32303

(City, State and Zip Code)

For further information concerning this matter, please call:

Aaron Bauldree, Esq.

(Name of Contact Person)

at (561) 866-7505

(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

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07 MAY 29 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CANCELLATION OF CERTIFICATE
FOR
SWEETBAY, LIMITED**

Pursuant to the provisions of section 620.112, Florida Statutes, 2003, this Florida limited partnership, hereby submits this Statement of CANCELLATION OF CERTIFICATE and states:

1. The name of the Partnership is SWEETBAY LIMITED.
2. The date of filing of the certificate of limited partnership was September 24, 1982.
3. The reason for filing this **Statement of CANCELLATION OF CERTIFICATE** is that the Partnership has been without a General Partner since October, 2002 and, in the absence of a General Partner, the limited partners who have not wrongfully dissolved the Partnership, have wound up the Partnership business pursuant to Florida Statute, Section 620.159, 2003, and Florida Statute, Section 620.162(3), 2003.
4. The effective ^{date} of this **CERTIFICATE OF CANCELLATION** shall be the date filed by the Department of State.

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07 MAY 29 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNED:

Nina Seibert
Nina Seibert, limited partner
Donna Devine
Donna Devine, limited partner

Nina Seibert
Printed Name
Donna Devine
Printed Name

STATE OF FLORIDA, COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21st day of May, 2007 By DONNA DEVINE AND NINA SEIBERT who are personally known to me, and who did not take an oath.

Adriana Ruggeri-Rossano
Signature and Seal of Notary Public

Adriana Ruggeri-Rossano
Name of Notary Public (Typed, Printed or Stamped)



Adriana Ruggeri-Rossano
Commission # DD431220
Expires: MAY 19, 2009
WWW.AARONNOTARY.com