

# A13382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

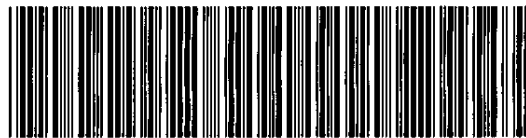
(Business Entity Name)

(Document Number)

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

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Office Use Only



## 500173796995

04/29/10--01009--001 \*\*52.50

FILED

10 APR 28 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### J. BRYAN

APR 29 2010

### EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

APR 22 2010

April 19, 2010

SIMONE SPIEGEL  
SPIEGEL & SPIEGEL, P.A.  
455 FAIRWAY DRIVE, SUITE 301  
DEERFIELD BEACH, FL 33441

SUBJECT: WILLOWBROOK ASSOCIATES, LTD.  
Ref. Number: A13382

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10 APR 28 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for WILLOWBROOK ASSOCIATES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Florida limited partnership or limited liability limited partnership must file a Certificate of Dissolution (with or without a Notice of Dissolution) in order to dissolve the limited partnership. The fee to file the Certificate of Dissolution (with or without a Notice of Dissolution) is \$52.50. Once the limited partnership or limited liability limited partnership has filed a Certificate of Dissolution and completed winding up its affairs, it may file a Statement of Termination. The fee to file the Statement of Termination is an additional \$52.50.

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 110A00009569

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WILLOWBROOK ASSOCIATES, 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:

SAM SPIEGEL  
(Contact Person)  
SPIEGEL & SPIEGEL, P. A.  
(Firm/Company)  
455 FAIRWAY DRIVE, SUITE 301  
(Address)  
DEERFIELD BEACH, FL 33441  
(City, State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SAM SPIEGEL at ( 954 ) 429-9000 EXT. 15  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

**WILLOWBROOK ASSOCIATES, 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 OCTOBER 28, 1982, assigned Florida document number A13382, hereby submits this Certificate of Dissolution.

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

THE WILLOWBROOK ASSOCIATES, LTD HAS COMPLETED WINDING UP ITS AFFAIRS AND

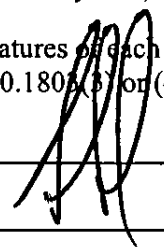
WISHES TO FILE A STATEMENT OF TERMINATION

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

**THIRD:** Effective date, if other than the date of filing: 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. 620.180(3) or (4), F.S.:

 SAM SPIEGEL

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

10 APR 28 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

WILLOWBROOK ASSOCIATES, LTD

Description of information that must be included in a claim:

THE WILLOWBROOK ASSOCIATES, LTD HAS COMPLETED WINDING UP ITS AFFAIRS AND

WISHES TO FILE A STATEMENT OF TERMINATION.

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

SPIEGEL & SPIEGEL, P. A.

455 FAIRWAY DRIVE, SUITE 301

DEERFIELD BEACH, FL 33441

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:

SAM SPIEGEL

Printed Name

  
Signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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