

A1400000133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

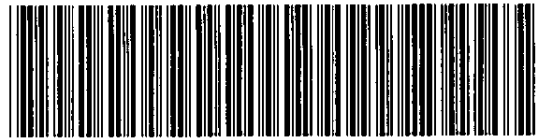
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FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 7/2/15

NAME: APPLIANCE PARTS DEPOT, LP

TYPE OF FILING: DISSOLUTION

COST: 105.00

RETURN: CERTIFIED COPY PLEASE

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Attoche

** File First **

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APPLIANCE PARTS DEPOT, LP
(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:

Capitol Services Corporate Filing Team
(Contact Person)

Capitol Services, Inc.
(Firm/Company)

800 Brazos, Suite 400
(Address)

Austin, TX 78701
(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (800) 345 - 4647
(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
and Certificate of
Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

**CERTIFICATE OF DISSOLUTION
FOR**

APPLIANCE PARTS DEPOT, LP

(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 MARCH 7, 2014, assigned Florida document number A14000000133, hereby submits this Certificate of Dissolution.

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

The consent of all general partners and of all limited partners.

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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