

A 14 000 000 623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

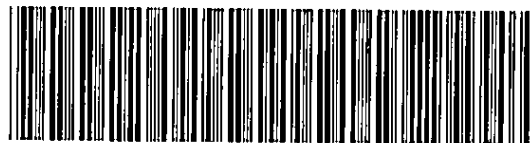
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000329049060

06/12/19--01003--006 **27.50

05/06/19--01021--030 **25.00

06/12/19--01003--004 **8.75

FILED
19 JUN -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

CLARA ROMERO
2919 KEITH LANE
COTTONDALE, FL 32431

SUBJECT: CHARLIE CHEN FAMILY LIMITED LIABILITY LIMITED
PARTNERSHIP
Ref. Number: A14000000623

We have received your document for CHARLIE CHEN FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 719A00009972

cc:
cc:
cc:

cc:

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

(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:

Clara Romero

(Contact Person)

Charlie Chen Family Limited Liability Limited Partnership

(Firm/Company)

4546 Red Oak Trace

(Address)

Marianna FL

(City, State and Zip Code)

For further information concerning this matter, please call:

Clara Romero

(Name of Contact Person)

at

(702)

(Area Code)

985-3100

(Daytime Telephone Number)

Enclosed is a check for the following amount:

27.50 Balance due

☐ \$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

**CERTIFICATE OF DISSOLUTION
FOR**

Charlie Chen Family Limited Liability 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 11-13-2014, assigned Florida document number A14000000623 hereby submits this Certificate of Dissolution.

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

Selling business

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TALLAHASSEE, FLORIDA

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Clara Romero

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