

A1500000234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

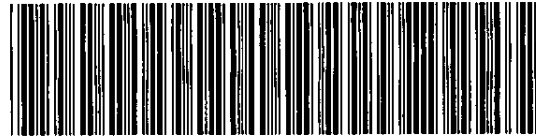
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800284564188

04/29/16--01034--019 **43.75

05/17/16--01024--016 **17.50

FILED
2016 MAY 16 P 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 17 2016
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2016

SIMON ANDREW LEE
2632 EAST AVENUE
GROVER, MO 63040

SUBJECT: THE SAL FAMILY LIMITED PARTNERSHIP
Ref. Number: A15000000234

We have received your document for THE SAL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$17.50.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00009024

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 16 PM 4:41

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RECEIVED
2816 MAY 17 AM 11:33
TALLAHASSEE, FLORIDA

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:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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 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

FILED
2018 MAY 16 10 41
TALLAHASSEE, FL
SECRETARY OF STATE

**CERTIFICATE OF DISSOLUTION
FOR**

(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 4/10/2015, assigned Florida document number H15000000234, hereby submits this Certificate of Dissolution.

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

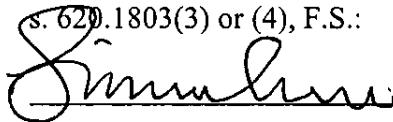
The Partnership has not commenced business
and no longer wishes to do so.

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