

A160000000372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

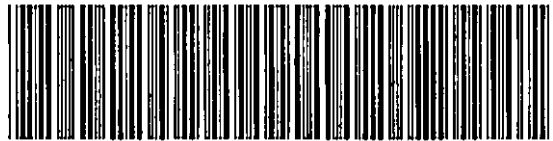
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Claim Disc

Office Use Only



300311995623

04/17/18--01017--003 ♦\$52.50

FILED
18 JUN 19 AM 11:13
SOUTH DAKOTA
CLERK OF DISTRICT COURT

K SALY

JUN 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2018

BETCO INVESTMENTS INC
PACO YOUSSEF
11605 NW 89TH ST, APT. 105
DORAL, FL 33178

SUBJECT: STAMPEDE HOUSING, LP
Ref. Number: A16000000372

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

The Notice of Dissolution must contain a description of information that should be included in a written claim.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00008013

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REC ID

2018 JUN 19 PM 12:30

FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: STAMPEDE HOUSING 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:

PACO YOUSSEF

(Contact Person)

BETCO INVESTMENTS INC

(Firm/Company)

11605 NW 89TH ST APT 105

(Address)

DORAL, FL 33178

(City, State and Zip Code)

For further information concerning this matter, please call:

PACO YOUSSEF

at (587)

216-2476

(Name of Contact Person)

(Area Code)

(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

**CERTIFICATE OF DISSOLUTION
FOR**

STAMPEDE HOUSING 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 08-04-2016, assigned Florida document number A16000000372, hereby submits this Certificate of Dissolution.

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

Upon agreement of all members Partnership is being dissolved since there was no commercial activities
and no further activities will be pursue.

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

THIRD: Effective date, if other than the date of filing: 01/01/2018
(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.:



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

FILED
18 JUN 19 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
18 JUN 19 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

STAMPEDE HOUSING LP

Description of information that must be included in a claim:

ALL CLAIMS SHOULD INCLUDE NAME OF CLAIMANT, CONTACT INFORMATION

DATE OF CLAIM AND DESCRIPTION.

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

11605 NW 89TH ST. APT 105

DORAL FL 33178

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 notice.

Signature of a general partner or a principal of the successor entity

PACO YOUSSEF GEORGES

Printed Name


Signature

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