

A180000000153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

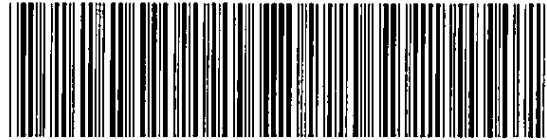
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK OF STATE
TALLAHASSEE, FL

W. HUNT

W. HUNT

02/01/24



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Attached is a form to dissolve a Florida limited partnership or limited liability limited partnership.

A limited partnership or limited liability limited partnership must be dissolved upon the occurrence of any event specified in s. 620.1801, F.S. The limited partnership or limited liability limited partnership continues only for the purpose of winding up its affairs.

The certificate of dissolution must be prepared in compliance with s. 620.1203, Florida Statutes, and filed with the Florida Department of State.

The certificate must be signed by all general partners, and contain the following information:

- (1) The name of the limited partnership or limited liability limited partnership; (2) The date of filing of the certificate of limited partnership; and
- (3) The reason for filing the certificate of dissolution.

NOTE: A Notice of Limited Partnership/Limited Liability Limited Partnership Dissolution form is attached. This form pursuant to s. 620.1807, F.S., is optional and is not required when filing a certificate of dissolution. No additional fee is required if it is included.

The fee to file the dissolution is \$52.50. Certified copies of the dissolution are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Sparkman House Luxury Bed and Breakfast, 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:

Theresa Clinton

(Contact Person)

The Sparkman House Luxury Bed and Breakfast, LP

(Firm Company)

9240 SE 137th Blvd

(Address)

White Springs FL 32094

(City, State and Zip Code)

DEPT. OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Theresa Clinton

813

787-6068

at (

(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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327

**CERTIFICATE OF DISSOLUTION
FOR**

The Sparkman House Luxury Bed and Breakfast, 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 April 12, 2018, assigned Florida document number A18000000153, hereby submits this Certificate of Dissolution.

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

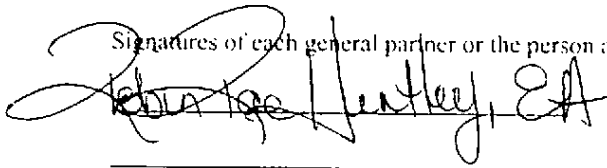
Sold Partnership to an unrelated party.

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.)

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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