# A19000000154

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2020

DAVID E. NIPPER 2600 MCGREGOR BLVD. FT. MYERS, FL 33901

SUBJECT: N.F.T.D. COMPANY LIMITED PARTNERSHIP

Ref. Number: A1900000154

We have received your document and check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$50.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 320A00010149

www.sunbiz.org

#### COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Name of Florida Limited Part	pany Limited Factoriship or Namited Liability Limited Part	artnershif	
The enclosed Certificate of Dissolution at Please return all correspondence concerning to the concerni	ing this matter to:	īling.	
(Contac	et Person)		
(Firm/C	Company)		
2600 Mc Grade	egor BIVd		
Fort Myer	5, Florida 3:	3901	
For further information concerning this n	natter, please call:		
DAVID Nilper (Name of Contact Person)	at ( 239 ) 437 (Area Code) (Daytime	7 – 3 4 7/ Telephone Number)	
Enclosed is a check for the following amo	ount:		
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 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		
2661 Executive Center Circle	Tallahassee FI 32314		

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

N.F. T.D. Cor (Name of Florida Limited Partnership of	mpany Lim r Limited Liability Limite	ted Part	ners	ship
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Adocument number A 190000 Dissolution.	ed partnership, whose	e certificate was fi	led with the	he a
FIRST: Reason for dissolution: (S		<del>-</del>		sact
			······································	20/0
SECOND: [X] A Notice of Dissolution is attached.  (Check box if attached.)				JUN 21 NUT
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.)  Note: If the date inserted in this block does not be listed as the document's effective date.	e than 90 days after the d s not meet the applicable	ate this document is fi statutory filing requir		
Signatures of each general partner or the p	erson appointed pursuant	to s. 620.1803(3) or (	(4), F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			

### NOTICE OF DISSOLUTION FOR

#### FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

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:  N. F. T. D. Company Limited Partnership
Description of information that must be included in a claim:
Contract
Fnvoices
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
2600 McGregor BIVd
2000 McGregor Blvd Fort Myers, Florida 33901
<u> </u>
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 the notice.
Signature of a general partner or a principal of the successor entity:
David E. MiPPer Taves Ellippen
Printed Name Signature

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

\$52.50.