

A 19826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 26 AM 11:28

JUL 29 2013  
T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1776 ASSOCIATES, LTD.

(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:

KENNETH E. MORRIS

(Contact Person)

(Firm/Company)

1730 MAIN STREET, SUITE 206

(Address)

WESTON, FL 33326

(City, State and Zip Code)

For further information concerning this matter, please call:

KENNETH E. MORRIS

(Name of Contact Person)

at ( 954 ) 474-1776

(Area Code and 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

THE  
**Shapiro**  
LAW FIRM

1776 N. Pine Island Road, Suite 308  
Fort Lauderdale, Florida 33322  
Telephone: 954-382-0088  
Facsimile: 954-382-9008

Kenneth W. Shapiro  
kshapiro@lawshapiro.com

July 16, 2013

Florida Secretary of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

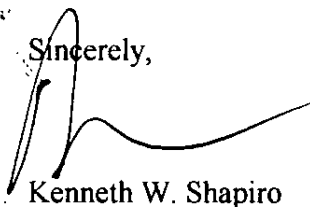
Re: 1776 Associates, Ltd. (document number A19826)

Dear Sir or Madam:

Enclosed please find a Cover Letter and a Certificate of Dissolution (including Notice of Dissolution) for the above-referenced limited partnership, along with our check in the amount of \$52.50 to cover the filing fee for such amendment.

Please contact the undersigned with any questions or comments.

Sincerely,



Kenneth W. Shapiro

KWS:hs  
Enclosures

**CERTIFICATE OF DISSOLUTION  
FOR**

**1776 ASSOCIATES, LTD.**

(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 MAY 2, 1985, assigned Florida document number A19826, hereby submits this Certificate of Dissolution.

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

PARTNERSHIP HAS CONCLUDED ALL BUSINESS OPERATIONS FOR WHICH IT WAS FORMED

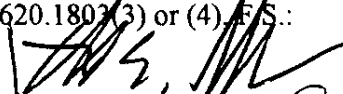
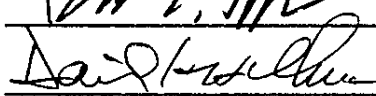
AND DISSOLUTION IS REQUIRED BY THE TERMS OF THE PARTNERSHIP AGREEMENT.

**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.)*

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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**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:

1776 ASSOCIATES, LTD.

Description of information that must be included in a claim:

NAME(S) AND ADDRESS(ES) OF CLAIMANT(S); AMOUNT OF CLAIM; WHETHER CLAIM ARISES

FROM CONTRACT, TORT, STATUTE, OR OTHERWISE; DESCRIPTION OF FACTS ON WHICH

CLAIM IS BASED; DATE ON WHICH CLAIM IS ALLEGED TO HAVE ACCRUED; ALL

DOCUMENTATION IN SUPPORT OF CLAIM.

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

KENNETH E. MORRIS, 1730 MAIN STREET, SUITE 206, WESTON, FL 33326


\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

KENNETH E. MORRIS, MANAGING GEN. PTR.

Printed Name

  
Signature

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

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