

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charles Mothens Family Limited partnership
(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:

Linda Mansfield
(Contact Person)

(Firm/Company)

2519 Bedford Mews Dr.
(Address)

Wellington, FL 33414
(City, State and Zip Code)

For further information concerning this matter, please call:

Linda Mansfield at (561) 635-2347
(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**

Charles Mothun Family Limited Partnership 2023 MAY 15 PM 4:30
(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 20 - 20 - 2020, assigned Florida document number A2000000080, hereby submits this Certificate of Dissolution.

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

the partnership no longer has any assets

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.:

Charles Mothun
Gracie M. Mothun

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2023

LINDA MANSFIELD
2519 BEDFORD MEWS DR
WELLINGTON, FL 33414

SUBJECT: CHARLES MOTHON FAMILY LIMITED PARTNERSHIP
Ref. Number: A20000000080

We have received your document for CHARLES MOTHON FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

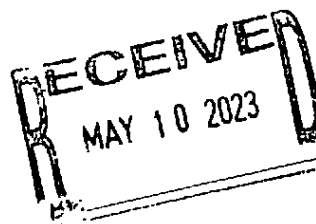
Charles Mothon Family Limited Partnership must be dissolved, before the termination can happen.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 523A00009218





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2023

LINDA MANSFIELD
2519 BEDFORD MEWS DR
WELLINGTON, FL 33414

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Anissa Butler
Regulatory Specialist II

Letter Number: 523A00009218