

A 20344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

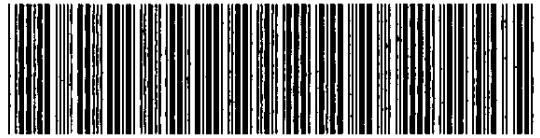
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/20/10--01015--004 \*\*53.75

04/07/10--01011--004 \*\*60.00

FILED  
2010 APR 19 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

APR 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2010

RONALD J. LOMBARD  
232 MELBA ST. #1  
MILFORD, CT 06460

SUBJECT: EAVD LIMITED PARTNERSHIP  
Ref. Number: A20344

We have received your document for EAVD LIMITED PARTNERSHIP and check(s) totaling \$60.00 of which \$60.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$53.75 due. 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).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 110A00008650

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EAVD 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:

Ronald J. Lombard  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

232 Melba St. #1  
(Address)

Mifflin CT 06860  
(City, State and Zip Code)

For further information concerning this matter, please call:

Ronald J. Lombard at ( 203 ) 680-8009  
(Name of Contact Person) (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

FILED

CERTIFICATE OF DISSOLUTION  
FOR

2010 APR 19 PM 4:39

EAVI Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 07/12/1985, assigned Florida document number A20344, hereby submits this Certificate of Dissolution.

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

Final disposition + payment of all  
of the property interests owned by the Partnership

**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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature]

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