

A 21150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY 19 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 19 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLDEN HOST PARTNERS, 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:

WM. D. JOHNSTON
(Contact Person)

GOLDEN HOST PARTNERS, LTD.
(Firm/Company)

2032 ARLINGTON ST.
(Address)

SARASOTA, FLORIDA 34239
(City, State and Zip Code)

For further information concerning this matter, please call:

WM. D. JOHNSTON at (941) 365-9102
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

PAID

IN LAST POST

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 MAY 19 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 5, 2008

WM D JOHNSON
2032 ARLINGTON ST
SARASOTA, FL 34239

SUBJECT: GOLDEN HOST PARTNERS, LTD.
Ref. Number: A21150

We have received your document for GOLDEN HOST PARTNERS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a GENERAL PARTNERSHIP, 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 508A00028639

CERTIFICATE OF DISSOLUTION
FOR

A21150

GOLDEN HOST PARTNERS, 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 11-4-1985, hereby submits this Certificate of Dissolution.

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

NO LONGER DOING BUSINESS

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: MAY 28, 2008

(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.:

William D. Johnson G.P.

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

FILED
08 MAY 19 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

GOLDEN HOST PARTNERS, LTD.

Description of information that must be included in a claim:

P. O. NUMBERS -

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

2032 ARLINGTON ST
SARASOTA, FL 34239

08 MAY 19 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

William D. Johnston
Printed Name

William D. Johnston
Signature

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