

A23000000405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

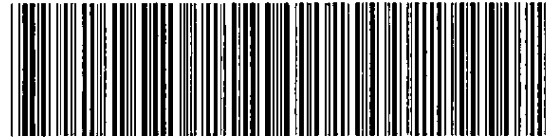
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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ANH Duong Paramanacty LLLP
(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:

Su Nguyen
(Contact Person)

(Firm/Company)

4727 Rosemary St.
(Address)

Paramanacty FL 32404
(City, State and Zip Code)

For further information concerning this matter, please call:

Su Nguyen at (850) 6919643
(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**

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

2007-8 Filing 1:27

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 _____, assigned Florida document number _____, hereby submits this Certificate of Dissolution.

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

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.:

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

~~IAH~~ ANH DUONG PANAMA CITY LLP

Description of information that must be included in a claim:

closed Business

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

4727 Rosemary St
panama City FL 32406

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:

Bu Nguyen
Printed Name

[Signature]
Signature

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2024

SU NGUYEN
4727 ROSEMARY STREET
PANAMA CITY, FL 32404

SUBJECT: ANH DUONG PANAMA CITY LLLP
Ref. Number: A23000000405

We have received your document for ANH DUONG PANAMA CITY LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY, but your entity is a CERTIFICATE OF DISSOLUTION FOR. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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: 624A00023483

