# 163 (Requestor's Name) (Address) 700265731167 (Address) (City/State/Zip/Phone #) 12/19/14--01002--002 \*\*485.00 PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 017 2014 DEC 18 Certified Copies \_\_\_\_\_ Certificates of Status \_\_ RPORATIONS PH 4: 50 Special Instructions to Filing Officer: RG 2014 DEC 18 AM 9: 52 THE THE D VETARY OF STALE VHASSEE, FLORIDA Office Use Only

K. GALY BXAMINER DEC 192014

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)364-8000

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WALK-IN

'n

ENTITY NAME:

DEVONSHIRE, LTD.

CK# 6737 FOR \$485.00 (\$157.50 for this filing)

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

((2)) CERTIFIED COPIES

\_\_\_\_ STAMPED COPY

\_\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## CERTIFICATE OF DISSOLUTION OF

#### **DEVONSHIRE, LTD.**

Pursuant to the provisions of Florida Statutes §620.1203, this Florida Limited Partnership (the "Partnership") submits the following Certificate of Dissolution:

- FIRST: The name of the Partnership is DEVONSHIRE, LTD.
- SECOND: The date of filing of the Partnership's certificate was filed with the Florida Department of State on December 27, 1988.
- THIRD: The Document Number of the limited partnership is A27637.
- FOURTH: The Dissolution is being filed because the Partnership has distributed all of its assets to its partners and its partners have determined that the Partnership will do no further business.
- FIFTH: A Notice of Dissolution is being submitted and is attached.
- SIXTH: The effective date of the Dissolution of the Partnership is upon filing of this Certificate of Dissolution and Notice of Dissolution with the Florida Department of State.

Dated this B day of DECEMBER ..., 2014.

#### DEVONSHIRE, LTD.

By: BERNEL ASSOCIATES, L.C. General Partner

FILED

2014 DEC 18 AM 9: 52

SECRETARY OF STATE

By:

By:

MARIANN KLOTZ, Co-Manager

SYNTHIA KARLIN, Co-Manager

FILED 2014 DEC 18 AM 9: 52 ALLAHASSEE, FLORIDA

'n

### NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a certificate of dissolution.

FIRST:	The name of the dissolved limited partnership is: DEVONSHIRE, LTD.
SECOND:	The information to be provided in the claim shall include the date of the claim, the amount of the claim, and the name of the creditor.
THIRD:	The mailing address where claims can be sent is as follows:
	Packman Neuwahl & Rosenberg Attn: Ralph Nardi, Esq. 1500 San Remo Avenue, Suite 125 Coral Gables, FL 33146

FOURTH: A claim against the above named limited partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

#### DEVONSHIRE, LTD.

By: BERNEL ASSOCIATES, L.C. General Partner

By:

By:

MARIANN KLOTZ, Co-Manager TIIA KARLIN, Co-Manager

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