

A28121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

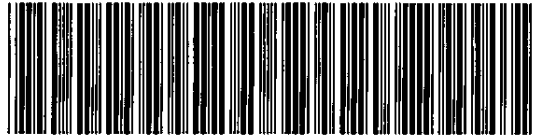
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Samaha Family Limited Partnership  
(Name of Partnership)

**DOCUMENT NUMBER:** A28121

The enclosed Statement of Dissolution for Partnership and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy L. Smith, Esq.  
(Name of Person)

Guttenmacher, Bohatch & Barinaga-Burch, P.A.  
(Firm/Company)

7301 SW 57th Court, Suite 560  
(Address)

South Miami, FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Timothy L. Smith at ( 305 ) 666-1040  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 10, 2007

TIMOTHY L. SMITH ESQ.  
GUTTENMACHER, BOHATCH & BARINAGA-BURCH  
7301 SW 57TH COURT, STE. 560  
SOUTH MIAI, FL 33143

SUBJECT: SAMAHA FAMILY LIMITED PARTNERSHIP  
Ref. Number: A28121

We have received your document for SAMAHA FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for the enclosed document is \$52.50.

There is a balance due of \$.

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) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 407A00059595

**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:

**Samaha Family Limited Partnership**

Description of information that must be included in a claim:

Name of Creditor, Date of Claim, Nature of Claim, Amount and  
Contact Person

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

**Fouad Samaha, Registered Agent, 905 Von Phister Street, Key West, FL 33040**

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:

Fouad Samaha

Printed Name

  
Signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION  
FOR**

b Samaha Family Limited Partnership

(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 March 29, 1989, hereby submits this Certificate of Dissolution.

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

Termination of Business

**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.:

  
Fouad Samaha

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

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TALLAHASSEE, FLORIDA