

A28524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

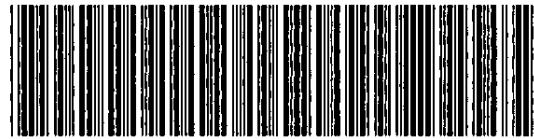
(Document Number)

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

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03/22/17--01011--015 \*\*25.00

04/06/17--01018--017 \*\*27.50

FILED  
2017 APR -6 PM 3:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR -7 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2017

LASBURY FAMILY LIMITED, LLLP  
NEALL JOHNSON  
13072 NORTH MARSH DR.  
PORT CHARLOTTE, FL 33953

SUBJECT: LASBURY FAMILY LIMITED, LLLP  
Ref. Number: A28524

We have received your document for LASBURY FAMILY LIMITED, LLLP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 717A00005685

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lasbury Family Limited, 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:

Neall Johnson

(Contact Person)

(Firm/Company)

13072 North Marsh Drive

(Address)

Port Charlotte, FLORIDA 33953

(City, State and Zip Code)

For further information concerning this matter, please call:

Neall Johnson

(Name of Contact Person)

at ( 603 ) 848 1818

(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

PD 25.00  
Total Due \$27.50

**CERTIFICATE OF DISSOLUTION  
FOR**

Lasbury Family Limited, LLLP

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

FILED  
2017 APR -6 PM 3:47

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 June 22 1989, assigned Florida document number A28524, hereby submits this Certificate of Dissolution.

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

Sold Partnerships Commercial office  
Building on 12/13/2016.

**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.:

A. Neale Johnson

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