

A29103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

A29103

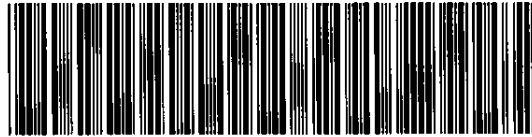
(Document Number)

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600155983726

05/18/09--01042--001 \*\*61.25

EFFECTIVE DATE

6/14/09

FILED  
09 MAY 27 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Culligan MAY 27 2009

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHANG FAMILY PARTNERSHIP, 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:

CHIH CHIEN CHANG, M.D.  
(Contact Person)

4131 SALTWATER BLVD.  
(Address)

TAMPA, FL. 33615  
(City, State and Zip Code)

For further information concerning this matter, please call:

CHIH C. CHANG, M.D. at ( 813 ) 229-6139  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

May 19, 2009

CHIN CHIEN CHANG, M.D.  
4131 SALTWATER BLVD.  
TAMPA, FL 33615

SUBJECT: CHANG FAMILY PARTNERSHIP, LTD.  
Ref. Number: A29103

We have received your document for CHANG FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 209A00016970

**CERTIFICATE OF DISSOLUTION  
FOR**

**FILED**

09 MAY 27 PM 3:16

CHANG FAMILY PARTNERSHIP, LTD.

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

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 OCTOBER 24, 1989, assigned Florida document number A29103, hereby submits this Certificate of Dissolution.

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

Upcoming Retirement of the General Partner  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**THIRD:** Effective date, if other than the date of filing: JUNE 14, 2009

(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.:

R. L. Chang, M.D. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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