

A 29919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

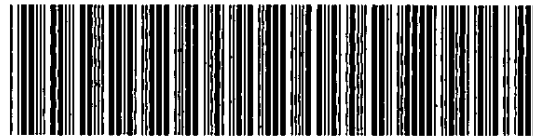
Special Instructions to Filing Officer:

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Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG - 5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIE PARTNERS 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:

FERNANDO L. SUMAZA LABORDE

(Contact Person)

FERNANDO L. SUMAZA & CO. INC.

(Firm/Company)

P.O. BOX 3685

(Address)

MAYAGUEZ P.R. 00681-3685

(City, State and Zip Code)

For further information concerning this matter, please call:

FERNANDO L. SUMAZA LABORDE at (787) 831-6025 (EXT. 24)
(Name of Contact Person) (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

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TALLAHASSEE, FLORIDA

FERNANDO L. SUMAZA & COMPANY INC.

PO BOX 3006 - MAYAGUEZ PR 00681-3006 - 3060 CARR. #64 - MAYAGUEZ, PR 00680 - TELS. (787) 831-6030, 831-6025, 831-1918 - FAX (787) 831-6179

July 17th, 2008

CERTIFIED LETTER WITH RETURN
RECEIPT: 7005 1160 0003 8549 3352

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attention: Registration Section

Re: Marie Partners, Ltd. Dissolution

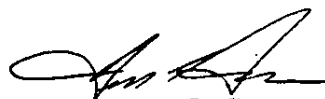
Sirs:

We are including certificate and notice of dissolution for Marie Partners, Ltd. We also enclosing check in the amount of: \$105.00 for filing fee and certified copy of dissolution.

Should you need any other document and/or have any question or comment, please do not hesitate to contact the undersigned.

With no further queries at this moment I remain.

Cordially,



Fernando L. Sumaza Laborde

Enclosures

/krv

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

MARIE PARTNERS, LTD.

(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 04-13-1990, assigned Florida document number A29912, hereby submits this Certificate of Dissolution.

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



CONSENT OF ALL GENERAL PARTNERS AND LIMITED PARTNERS

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

THIRD: Effective date, if other than the date of filing: AS PER 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.:


FERNANDO L. SUMAZA LABORDE

DIANA SANTOS TRISTANI

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

MARIE PARTNERS, LTD.

Description of information that must be included in a claim:

ACCOUNT NUMBER OR SPECIFIC DESCRIPTION OF CLAIM, WITH DATES
OF SERVICE OR SUPPLY; LEGAL NAME AND ADDRESS OF CLAIMANT, AND
NAME OF CONTACT PERSON WITH ADDRESS, DAYTIME TELEPHONE NUMBER
AND, IF AVAILABLE, E-MAIL ADDRESS.

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

FERNANDO L. SUMAZA LABORDE

P.O. BOX 3685

MAYAGUEZ P.R. 00681-3685

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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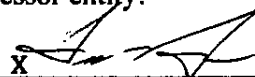
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A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

FERNANDO L. SUMAZA LABORDE

Printed Name

X 

Signature

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