

A 70992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

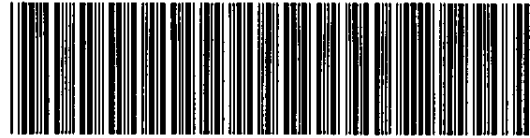
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 23 2015



Storey
LAW GROUP

Edward A. Storey III
Suzanne V. Delaney
Christian J. Gendreau
Jamie L. Storey
Rosannie T. Morgan
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January 9, 2015

VIA FEDERAL EXPRESS

CLIENT/MATTER NUMBER: 1475-007

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: **Forest Edge, Ltd.**
Document No.: A30992

Dear Sir/Madam:

Enclosed please find the following documents in connection with dissolving Forest Edge, Ltd., a Florida limited liability limited partnership:

- Cover Letter;
- Certificate of Dissolution;
- Notice of Dissolution for Florida Limited Liability Limited Partnership; and
- Our firm check no. 4487, in the amount of \$52.50, in full payment of the filing fee.

Thank you and should you have any questions concerning this, please feel free to contact me.

Sincerely,

Darcey E. Durant, CLA
Certified Paralegal

/dd
Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOREST EDGE, 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:

Edward A. Storey III, Esq.

(Contact Person)

Storey Law Group, P.A.

(Firm/Company)

3191 Maguire Blvd., Ste. 257

(Address)

Orlando, FL 32803

(City, State and Zip Code)

For further information concerning this matter, please call:

Edward A. Storey III, Esq.

(Name of Contact Person)

at (407) 488-1225

(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

**CERTIFICATE OF DISSOLUTION
FOR**

FOREST EDGE, 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 December 18, 1990, assigned Florida document number A30992, hereby submits this Certificate of Dissolution.

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

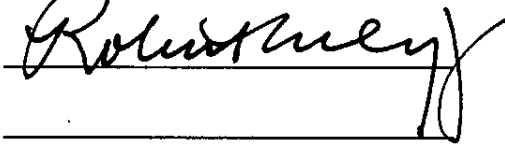
The partnership has no assets and is not conducting any further business.

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.:



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

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ALLAHASSEE, FLORIDA

**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:

FOREST EDGE, LTD.

Description of information that must be included in a claim:

Name, address, contact number, email address, amount of claim and basis for claim

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

Forest Edge, Ltd.

101 South Terry Avenue

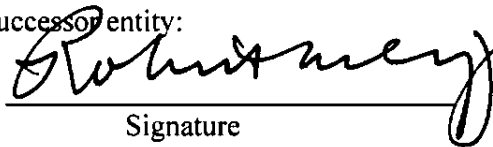
Orlando, FL 32805

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ROBERT E. ANSLEY, JR.
Printed Name


Signature

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