

A 31577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

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02/27/17--01003--025 \*\*25.00

03/22/17--01005--004 \*\*27.50

FILED  
SECRETARY OF STATE  
OFFICE OF COMMERCE  
17 MAR 20 AM 10:38

MAR 22 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Stein Family Limited Partnership  
(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:

Richard Stein  
(Contact Person)

The Stein Family Limited Partnership  
(Firm/Company)

24 Prospect Road  
(Address)

Westport, CT 06880  
(City, State and Zip Code)

For further information concerning this matter, please call:

Richard Stein at ( 203 ) 227-6238  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

( 27.50 enclosed, previously pd. 25.00 2-22-17 CK 475 )

☒ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2017

RICHARD E STEIN  
24 PROSPECT ROAD  
WESTPORT, CT 06880

SUBJECT: THE STEIN FAMILY LIMITED PARTNERSHIP, LTD.  
Ref. Number: A31577

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAR 20 AM 10:38

We have received your document for THE STEIN FAMILY LIMITED PARTNERSHIP, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a GENERAL PARTNERSHIP, 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00004040

2017 MAR 20 PM 3:25  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

The Stein 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 April 30, 1991, assigned Florida document number A 31577, hereby submits this Certificate of Dissolution.

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

Partnership assets have been liquidated  
and are being disbursed to partners.

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

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

X Richard C. Ham

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

17 MAR 20 AM 10:38

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

**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:

The Stein Family Limited Partnership

Description of information that must be included in a claim:

Party making claim

Reason and amount of claim

Date

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

Richard Stein

24 Prospect Rd.

Westport, CT 06880

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:

Richard Stein  
Printed Name

X Richard G. Stein  
Signature

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

FILED  
SECRETARY OF STATE  
17 MAR 20 AM 10:38  
CLERK OF SUPERIOR COURT