

A31931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

A31931

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FILED

06 MAY -2 AM 11:54

SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FERRIN FAMILY LIMITED PARTNERSHIP #31931
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) 650296384

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MARIA C FERRIN
(Contact Person)

FERRIN FAMILY LIMITED PARTNERSHIP
(Firm/Company)

PO BOX 347403
(Address)

CORAL GABLES FL 33234
(City, State and Zip Code)

For further information concerning this matter, please call:

MARIA C FERRIN at (305) 304 5305
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2006

MARIA C. FERRIN
P.O. BOX 347403
CORAL GABLES, FL 33234

SUBJECT: THE FERRIN FAMILY LIMITED PARTNERSHIP
Ref. Number: A31931

We have received your document for THE FERRIN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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
Document Specialist

Letter Number: 106A00026289

CERTIFICATE OF DISSOLUTION
FOR

FILED

LIMITED
THE FERRIN FAMILY PARTNERSHIP.

06 MAY -2 AM 11:54

(Name of Florida Limited Partnership or Limited Liability Limited Partnership) 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 8/30/91, hereby submits this Certificate of Dissolution.

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

NO NEED FOR PARTNERSHIP NO ACTIVITY

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

THIRD: Effective date, if other than the date of filing: 4/20/06

(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.:

Mona Ferrin
Paul J. Ferrin

Michael Ferrin
Robert Ferrin

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