

A32224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

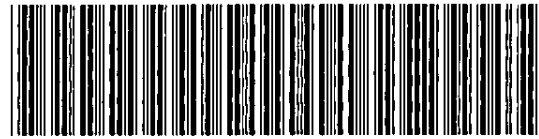
(Business Entity Name)

(Document Number)

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

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04/02/08--01004--001 \*\*18.75

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03/12/08--01018--005 \*\*33.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 31 AM 7:34

W  
J. BRYAN MAR 13 2008

J. BRYAN

APR -1 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emory Carter Farm 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:

Mary Ann Greene  
(Contact Person)

Emory Carter Farm Limited Partnership  
(Firm/Company)

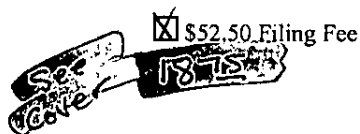
546 SE Evergreen Drive  
(Address)

Lake City FL 32025  
(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Ann Greene at ( 386 ) 752-5549  
(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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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2008

MARY ANN GREENE  
EMORY CATER FARM LIMITED PARTNERSHIP  
546 SE EVERGREEN DRIVE  
LAKE CITY, FL 32025

SUBJECT: EMORY CARTER FARM LIMITED PARTNERSHIP  
Ref. Number: A32224

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We have received your document for EMORY CARTER FARM LIMITED PARTNERSHIP and your check(s) totaling \$33.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$18.75.

You completed the wrong form

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) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 508A00015450

**CERTIFICATE OF DISSOLUTION  
FOR**

Emory Carter Farm 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 1-26-04, hereby submits this Certificate of Dissolution.

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

All of the assets had been  
dissolved.

**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.:

Mary Ann Greene

President

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

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DIVISION OF CORPORATIONS  
08 MAR 31 AM 7:34