

A 32495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

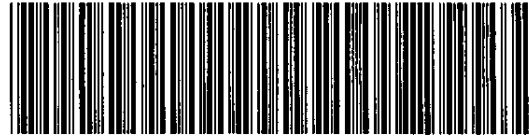
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUL 23 2014

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FILED
2014 JUL 15 AM 10:59
CLERK OF COURT
HILLSBOROUGH COUNTY, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Commonwealth Associates, 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:

Owen Goodwyne

(Contact Person)

Goodwyne and Roberts, PA

(Firm/Company)

1924 Temple Drive

(Address)

Tallahassee, Florida 32303

(City, State and Zip Code)

For further information concerning this matter, please call:

Owen Goodwyne

(Name of Contact Person)

at (850)

508-7799

(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

2014 JUL 15 AM 9:56
CLERK OF COURT
TALLAHASSEE, FL

**CERTIFICATE OF DISSOLUTION
FOR**

Commonwealth Associates, 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 January 23, 1992, assigned Florida document number A32495, hereby submits this Certificate of Dissolution.

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

Partnership has conveyed and distributed all assets and has no more reason to exist.

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.:

Oliver Goodwynne, sole general partner

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

2014 JUN 15 AM 10:59
DEPT OF STATE
FILING

**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:

Commonwealth Associates, Ltd

Description of information that must be included in a claim:

creditor name, address, phone number, amount of claim and reason for claim

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

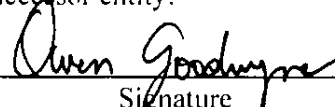
1924 Temple Drive, Tallahassee, Florida 32303

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:

Owen Goodwyne, General Partner

Printed Name



Signature

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