

A42000000039

(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:

Martha Hertea ~~leave~~

AUTHORIZATION BY PHONE TO

CORRECT

Signature - delete Barlow's

DATE

7/12/06

BY FAX

left

Office Use Only



800076049058

07/11/06--01006--017 **80.00

06/13/06--01020--010 **25.00

06 JUL 11 PM 3:33

SECRETARY OF STATE
DIVISION OF CORPORATIONS

*- delete go sign
- left msg. 7/12/06*

FF \$52.50

cc 52.50

B. Tadlock JUL 12 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2006

MARTHA K. THORNTON
PO BOX 326
LOUISVILLE, CO 80027

SUBJECT: THORNTON FAMILY LIMITED PARTNERSHIP
Ref. Number: A92000000039

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

The form you have submitted is for a general partnership. Our records ~~is this~~ entity is a limited partnership.

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

The total amount due is \$52.50.

There is a balance due of \$27.50.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 306A00040656

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thornton 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:

Martha K. Thornton
(Contact Person)

(Firm/Company)

P.O. Box 326
(Address)

Louisville, CO 80027
(City, State and Zip Code)

For further information concerning this matter, please call:

Martha K. Thornton at (720) 890-9566
(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
- 25.00
80.00

☐ \$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

Ch # 1045 6/17/06 25.00
Ch # 1046 6/27/06 80.00

Previously sent
Enclosed

Filing fee
Certified Copy

**CERTIFICATE OF DISSOLUTION
FOR**

Thornton 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 11/9/1992, hereby submits this Certificate of Dissolution.

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

I wish to include another family member
in my will. Dissolution of the Thornton
Family Limited Partnership is necessary in order
to accomplish this desire.

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.:

Master K. Thornton 6/27/06

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

06 JUL 11 PM 3:33

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS