

A92000000050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

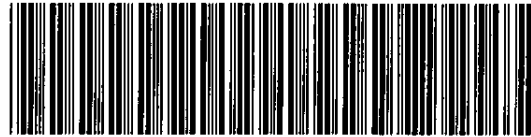
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Martha Thompson
AUTHORIZATION BY PHONE TO
CORRECT *gp sign portion*
DATE *7/13/06*
DOC EXAM *let*

Office Use Only

FF \$52.50
Cus 8.75
CC 52.50



000076286700

06/20/06--01053--001 **33.75

07/12/06--01004--006 **80.00

06 JUL 12 PM 1:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

6025 Hr.

6026 CC

*2512
6220 Cus*

B. Tadlock JUL 17 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2006

TREY BARLOW
PO BOX 841
LAFAYETTE, CO 80026

SUBJECT: TREY BARLOW FAMILY LIMITED PARTNERSHIP
Ref. Number: A92000000050

We have received your document for TREY BARLOW FAMILY 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):

You have submitted a form to dissolve a general partnership. Our records reflect the entity is a limited partnership.

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

The total amount due is \$61.25.

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: 806A00041538

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TREY BARLOW 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:

TREY BARLOW
(Contact Person)

(Firm/Company)

P.O. Box 841
(Address)

LAFAYETTE, CO 80026
(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

☒ \$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

113.75
- 33.75 6/14 #2668 Pd
80.00 6/20 #1001 Enclosed

**CERTIFICATE OF DISSOLUTION
FOR**

TREY BARLOW 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 11/09/1992, 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. THE LIMITED PARTNERSHIP
WOULD PREVENT THAT FROM HAPPENING.

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.:

Trey Barlow 6/30/06

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

06 JUL 12 PM 1:33

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS