

A93000001135

(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



400294498384

02/08/17--01011--026 **35.00

02/17/17--01023--013 **17.50

CLERK OF COURT
TALLAHASSEE, FLORIDA

2017 FEB 22 P 2:45

FILED

D. BRUCE
FEB 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2017

SHAWN BARROW
FAMLEE INVESTMENT COMPANY
6509 HAZELTINE NATIONAL DR., #6
ORLANDO, FL 32822

SUBJECT: AMDEV-LEE PROPERTIES II, LTD.
Ref. Number: A93000001135

We have received your document for AMDEV-LEE PROPERTIES II, LTD. and your check(s) totaling \$35.00. 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.

The fee to file your document is \$52.50. An additional \$52.50 is due for each certified copy requested and an additional \$8.75 is due for each certificate of status requested.

There is a balance due of \$17.50.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00002606

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMDEV-LEE PROPERTIES II, 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:

SHAWN BARROW

(Contact Person)

FARLEE INVESTMENT COMPANY

(Firm/Company)

6509 HAZELTINE NATIONAL DR. #6

(Address)

ORLANDO FL 32822

(City, State and Zip Code)

For further information concerning this matter, please call:

SHAWN BARROW

(Name of Contact Person)

at (407) 857-2835

(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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DISSOLUTION
FOR**

AMDEV-LEE PROPERTIES II, 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 _____, assigned Florida document number A93000001135, hereby submits this Certificate of Dissolution.

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

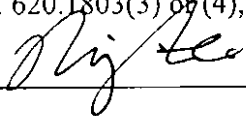
COMPANY SOLD ALL ASSETS AND CEASED OPERATIONS.

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.:



RICHARD LEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 22 10 21 45

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