

A93000001496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

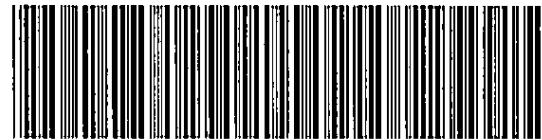
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300328265283

04/29/19--01033--024 ***55.00

05/21/19--01013--004 ***58.75

2019 MAY 20 A 8:47
TALLAHASSEE, FLORIDA
FILED

D SCOTT

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

PAUL A DEMETREE
731 VASSAR ST
ORLANDO, FL 32804

SUBJECT: DEMETREE FAMILY PARTNERSHIP, LLLP
Ref. Number: A93000001456

We have received your document for DEMETREE FAMILY PARTNERSHIP, LLLP and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a LLLP. Please complete and return the enclosed blank form(s).

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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 019A00009471

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RECEIVED
MAY 20 2019

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Demetree Family Partnership, LLP
(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:

Paul A. Demetree

(Contact Person)

Demetree Family Partnership, LLP

(Firm/Company)

731 Vassar Street

(Address)

Orlando, FL 32801

(City, State and Zip Code)

MAILING ADDRESS

MAY 20 1984

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For further information concerning this matter, please call:

Donna Speck

(Name of Contact Person)

at (407)

(Area Code)

246-0393

(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

CERTIFICATE OF DISSOLUTION
FOR

Demetree Family Partnership, LLP

(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 12/30/1993, assigned Florida document number A93000001456, hereby submits this Certificate of Dissolution.

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

All business ceased activity on 12/31/2017 and the building was sold prior to that. No longer need the limited liability partnership.

SECOND: A Notice of Dissolution is attached.

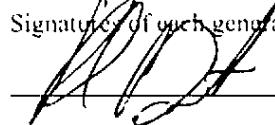
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2017

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.



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FILING
FEE

F I L E D

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

**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:

Demetree Family Partnership, LLC

Description of information that must be included in a claim:

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

731 Vassar Street
Orlando, FL 32804

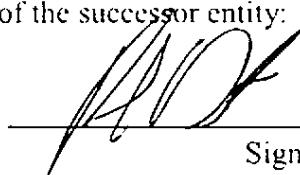
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A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Paul A. Demetree

Printed Name



Signature

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