

A94000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

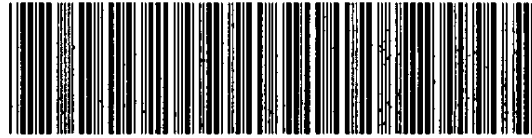
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300131167663

06/16/08--01044--023 **86.25

300131167663
07/02/08--01003--029 **18.75

\$105.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL - 8 AM 8:43

FILED

N. Collins JUL - 8 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZANZARA 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:

(Contact Person)
PATRICIA F. NEUMANN

ATTORNEY AT LAW
15 CLIFF DRIVE
SAG HARBOR, NEW YORK 11963

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

PATRICIA NEUMANN at (631) 725-5050
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2008

PATRICIA F. NEUMANN, ATTORNEY AT LAW
15 CLIFF DRIVE
SAG HARBOR, NY 11963

SUBJECT: ZANZARA LIMITED PARTNERSHIP
Ref. Number: A94000000232

We have received your document for ZANZARA LIMITED PARTNERSHIP and your check(s) totaling \$86.25. 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.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 508A00036898

CERTIFICATE OF DISSOLUTION
FOR

FILED

08 JUL -8 AM 8:43

ZANZARA LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 FEB. 24, 1994, assigned Florida document number _____, hereby submits this Certificate of Dissolution.

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

NO FURTHER NEED OF PARTNERSHIP

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.:

Theresa J. Jett

Marion C. Lillette

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:

LANZARA LIMITED PARTNERSHIP

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.)

PATRICIA F. NEUMANN

ATTORNEY AT LAW

15 CLIFF DRIVE

SAG HARBOR, NEW YORK 11963

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

RICHARD P. GILLETTE
Printed Name

Richard P. Gillette
Signature

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