

A 9400000 of 30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

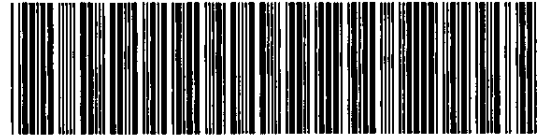
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/27/16--01012--002 \*\*52.50

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16 DEC 27 AM 10 26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
12/31

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE COLE 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:

Charles D. Cole  
(Contact Person)

(Firm/Company)

1104 Fontaine Road  
(Address)

Lexington, KY 40502  
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles D. Cole at ( 859 ) 255-8581  
(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

**CERTIFICATE OF DISSOLUTION  
FOR**

**THE COLE 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 June 16, 1994, assigned Florida document number A94000000830, hereby submits this Certificate of Dissolution.

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

The Cole Family Limited Partnership has ended all operations, paid all known claims and liabilities,  
disposed of its assets, made distributions to its partners, and otherwise wound up its affairs and  
business activities.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: December 31, 2016

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

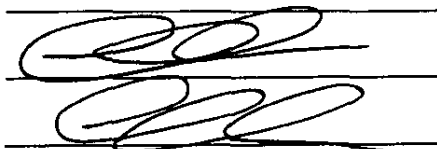
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Charles D. Cole, President

CFP Corp., General Partner

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

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TALLAHASSEE, FLORIDA



**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:

THE COLE FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Provide a description of the nature of the claim including any products or services delivered or

furnished in connection with such claim together with the dates and amounts related to the

and the name, address, and other relevant contact information for the claimant.

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

SHIRLEY ANN MEDLOCK

5940 PALMER BLVD.


SARASOTA, FL 34232

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:

Charles D. Cole, Pres of CFP Corp., Gen Partner

Printed Name

  
Signature

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC 27 AM 10 26

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