

A94000000881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

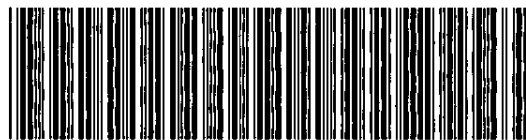
(Business Entity Name)

(Document Number)

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

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Office Use Only



700253976577

01/02/14--01002--001 \*\*61.25

12/02/13--01062--005 \*\*43.75

FILED

2014 JAN 24 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PRAXIS OF DEERFIELD BEACH III, LTD.

**DOCUMENT NUMBER:** A94000000881

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Frank R Brady**

(Name of Contact Person)

**Brady & Brady PA**

(Firm/Company)

**350 Camino Gardens Blvd., Suite 300**

(Address)

**Boca Raton, FL 33432**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Frank R Brady**

(Name of Contact Person)

at ( **561** ) **338-9256**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2013

FRANK R BRADY  
BRADY & BRADY PA  
350 CAMINO GARDENS BLVD - STE 300  
BOCA RATON, FL 33432

SUBJECT: PRAXIS OF DEERFIELD BEACH, III, LTD.  
Ref. Number: A94000000881

We have received your document for PRAXIS OF DEERFIELD BEACH, III, LTD. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$61.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You must file the Certificate of Dissolution with the Notice of Dissolution for Limited Partnerships. Enclosed is the 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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 813A00028315



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2013

FRANK R BRADY  
BRADY & BRADY PA  
350 CAMINO GARDENS BLVD - STE 300  
BOCA RATON, FL 33432

SUBJECT: PRAXIS OF DEERFIELD BEACH, III, LTD.  
Ref. Number: A94000000881

We have received your document for PRAXIS OF DEERFIELD BEACH, III, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The limited partnership must complete and submit a Certificate of Dissolution along with the attached Notice of Dissolution in order to dissolve a Florida limited partnership or limited liability limited partnership on our records. The fee to file both the Certificate of Dissolution and Notice of Dissolution is \$52.50.

The effective date must be specific and cannot be prior to the date of filing.

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.

Tammy Hampton  
Regulatory Specialist III

Letter Number: 013A00029422

**CERTIFICATE OF DISSOLUTION  
FOR**

Praxis of Deerfield Beach III, 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 12/17/02, assigned Florida document number A94000000881, hereby submits this Certificate of Dissolution.

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

sold all assets, and no longer doing business

**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.:

James Cole

[Signature]

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

2014 JAN 24 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**Notice of Dissolution  
For Florida Limited Partnership or  
Limited Liability Limited Partnership**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in section 620.1807, Florida Statutes.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

PRAXIS OF DEERFIELD BEACH III, LTD.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Name, current address, telephone number and contact person of the claimant; an invoice or document evidencing the basis for the claim; the amount of the claim; a description of the nature of and basis for the claim; claimant's certification under oath, affirmation or declaration under penalty of perjury that the claim is valid, the original claim was tendered or submitted to the corporation prior to the corporation's dissolution and is unpaid, and other information described in the Corporation's Plan of Complete Liquidation and Wind-up of Business Affairs on file with the Florida Division of Corporations.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

PRAXIS OF DEERFIELD BEACH III, LTD.  
3105 W. Scenic Drive  
Danielsville PA 18038

A claim against the above named limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice with the Florida Division of Corporations

Signature of general partner or principal of the successor entity:

Valerie Spencer

printed name of person filing this notice

[Signature]  
Signature

2014 JAN 24 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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