

A94 00000 1515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

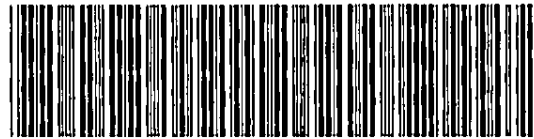
(Document Number)

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04/18/19--01019--019 ++25.00

05/21/19--01019--001 ++27.50

FILED  
19 MAY 20 AM 9:21  
MELBOURNE, FL 32909

MAY 21 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2019

CLARE KILAR  
CLAREMONT ASSOCIATES, LLLP  
3177 CHARLES MACDONALD DRIVE  
SARASOTA, FL 34240

SUBJECT: CLAREMONT ASSOCIATES, LLLP  
Ref. Number: A94000001515

We have received your document for CLAREMONT ASSOCIATES, LLLP and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$27.50. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 119A00008468

RECEIVED

2019 MAY 20 AM 11:47

Division of Corporations  
Tallahassee, FL

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** CLAREMONT ASSOCIATES, LLLP

(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:  
CLARE BISMUTH

(Contact Person)

(Firm/Company)

3177 CHARLES MACDONALD DRIVE

(Address)

SARASOTA, FLORIDA 34240

(City, State and Zip Code)

For further information concerning this matter, please call:

CLARE BISMUTH

at (941) 3776233

(Name of Contact Person)

(Area Code)

(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**

CLAREMONT ASSOCIATES, L.L.P.

(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 11/10/1994, assigned Florida document number A94000001515, hereby submits this Certificate of Dissolution.

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

BUSINESS SOLD

**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.)

**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.,

Claremont \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FILED  
19 MAY 20 AM 9:42  
CLAREMONT ASSOCIATES, L.L.P.