

A94000001572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

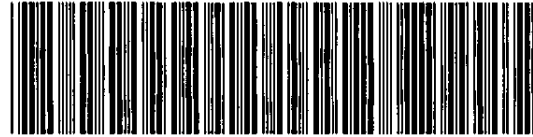
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JAN 14 2013

A. LUNT

Office Use Only



300253539443

01/06/14--01024--025 \*\*52.50

2014 JAN -6 PM 1:44  
CLERK'S OFFICE

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: Powers 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:

Richard C. Lowe  
(Contact Person)  
Lowe Law Firm, PC  
(Firm/Company)  
2375 Woodlake Drive, Suite 380  
(Address)  
Okemos, Michigan 48864  
(City, State and Zip Code)

For further information concerning this matter, please call:

Richard C. Lowe at ( 517 ) 908-0909  
(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

FILED  
2014 JAN -6 PM 1:44  
TALLAHASSEE, FL 32301

**CERTIFICATE OF DISSOLUTION  
FOR**

Powers 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 May 5, 2005, assigned Florida document number A94000001572, hereby submits this Certificate of Dissolution.

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

Distributing Assets


**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.:

Virginia I. Powers  
Virginia I. Powers

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

2014 JAN - 6 PM 1:44  
FILED  
CLERK OF COURT  
JAN 6 2014  
TALLAHASSEE, FLORIDA

FILED