

A95-000000063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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2024 APR 17 AM 11:18

[Handwritten signature]

Division of Corporations
Attn: Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: DISSOLUTION OF DEGUZMAN FAMILY LIMITED PARTNERSHIP
DOCUMENT NO.: A95000000063

Dear Sir/Madam:

Please find enclosed the Cover Letter, Certificate of Dissolution, and Notice of Dissolution for the DeGuzman Family Limited Partnership which I would appreciate your filing. I would also like to order a Certified Copy of the Dissolution. The form details that the cost for filing the Dissolution is \$52.50, and that the cost for a certified copy of the Dissolution is also \$52.50, and I have therefore ^{EN}disclosed my check in the amount of \$105.00.

If you have any questions or need additional information, please feel free to contact me as I am the General Partner of this partnership.

Sincerely,



Jeanette Y. Valenti, General Partner & Registered Agent
DeGuzman Family Limited Partnership

Address:
2170 Americus Blvd South, Unit #36
Clearwater, FL 33763

Phone: (727) 512-1444

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DEGUZMAN 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:
JEANETTE Y. VALENTI

(Contact Person)

DEGUZMAN FAMILY LIMITED PARTNERSHIP

(Firm/Company)

2170 AMERICUS BLVD SOUTH, UNIT #36

(Address)

CLEARWATER, FLORIDA 33763

(City, State and Zip Code)

For further information concerning this matter, please call:

JEANETTE Y. VALENTI

at (

727

) 512-1444

(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

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**CERTIFICATE OF DISSOLUTION
FOR**

DEGUZMAN 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 JANUARY 6, 1995, assigned Florida document number A95000000063, hereby submits this Certificate of Dissolution.

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

THE PARTNERSHIP NO LONGER HAS ANY ASSETS OR HAS ANY ACTIVITY.

THE GENERAL PARTNER AND LIMITED PARTNERS FULLY AGREE THAT THE PARTNERSHIP
SHOULD BE DISSOLVED.

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.:

Jeanette G. Valenti

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

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