

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiliess Etitik Mattie)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: L. SELLERS				

OCT -.5. 2011

EXAMINER

Office Use Only



100210802951

08/15/11--01015--028 **35.00

10/03/11--01001--017 **26.25



COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:(Name o	Lice Lamile Florida Limited Partnersh	Jtd. Part ip or Limited Liability Limi	Muskyp ited Partnership)	
The enclosed Certif	- ficate of Dissolution an	d fee(s) are submitted t	for filing.	
Please return all cor	rrespondence concerni	ng this matter to:		
DIAN	(Contact Person)	MAKER		
	(Firm/Company)			
3060) N.E. 42 ND S. (Address)	<i>T.</i>		
_	(Address)			
FT. L	AUDERDALE, I	FL 33308		
	(City, State and Zip Code)			
For further informa	tion concerning this ma	atter, please call:		
DIANE Shu	SEMAKER	at (9.54) 6	30-0059	
(Name of Con			aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:		
S52.50 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:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle		Tallahassee, FL 32314		
Tallahassee, FL 32		i unumussee,	IL DECIT	



August 17, 2011

DIANE W. SHOEMAKER 3060 NE 42ND STREET FORT LAUDERDALE, FL 33308

SUBJECT: WEIR FAMILY LTD. Ref. Number: A95000000116

We have received your document for WEIR FAMILY LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

There is a balance due of \$17.50.

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) 245-6967.

Letter Number: 811A00019338

Leslie Sellers Regulatory Specialist II

CERTIFICATE OF DISSOLUTION FOR

UVEIR FAMIL	LV LID	r	
(Name of Florida Limited P	artnership or Lin	ited Liability Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on <u>January 195000000</u> Dissolution.	ted partnership <i>ANUARY 2</i>	, whose certificate was filed with the 0, 1995, assigned Florida	
FIRST: Reason for dissolution: (S	State why part	nership is submitting dissolution)	
ALL DISTRIBUTIONS HAI	VE BEEN	MADE TO THE PARTNERS	
AND THERE IS NO VAL	LUE REMI	DIWING IN THE PARTNERS	<u>:#/</u> #
SECOND: A Notice of Disso (Check box if atta		hed.	
THIRD: Effective date, if other than the o	date of filing:	,	<u>_</u> ·
(Effective date cannot be prior to nor more Department of State.)	e than 90 days af	ter the date this document is filed by the Flor	·ida
Signatures of each general partner os. 620.1803(3) or (4), F.S.:	or the person a	ppointed pursuant to	
dian W. Shoema	her		
Debornth W. And	MS	,	
Robert J. Wein	_ _		
Filing Fee:	\$52.50		
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75		
Certificate of Status (optional):	до. / З		د. د
		المستقى إين	