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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

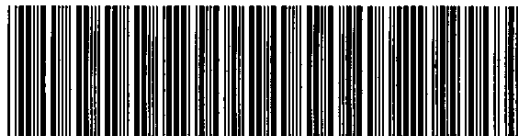
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2006 AUG -1 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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TO: Registration Section  
Division of Corporations

2006 AUG -7 P 1:03

SUBJECT: Paul and Helen Brown Family Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Sue Donohue, Esq.

(Contact Person)

Buckingham, Doolittle & Burroughs, LLP

(Firm/Company)

5355 Town Center Road, Suite 900

(Address)

Boca Raton, FL 33486

(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Sue Donohue, Esq. at ( 561 ) 241-0414

(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

NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP

FILED

2006 AUG -7 P 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Paul and Helen Brown Family Limited Partnership

Description of information that must be included in a claim:

Identity of claimant, amount of claim, source of underlying obligation,  
date of claim and any other information necessary to identify claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

155 West Main Street, #602

Columbus, OH 43215

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

Signature of a general partner or a principal of the successor entity:

SUSAN E. BROWN

Printed Name

Susan E. Brown

Signature

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50