

A95 000 000 461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

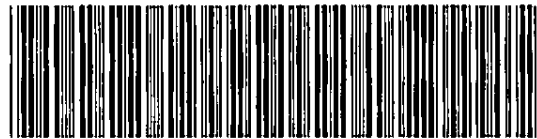
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Cert. D135
w/notice

MAY 13 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laurel Enterprises, 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:

Amy L. Phillips, PLLC

(Contact Person)

Attorney for Personal Representative of the
Estate of Stephen DeCubellis, Helen Denwin

(Firm/Company)

P.O. Box 4397

(Address)

Winter Haven, FL 33885

(City, State and Zip Code)

For further information concerning this matter, please call:

Amy L. Phillips, PLLC

(Name of Contact Person)

at (863)

(Area Code)

268-8292

(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



2020 MAR 11 PM 2:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2020

AMY L. PHILLIPS, PLLC
P.O. BOX 4397
WINTER HAVEN, FL 33885

SUBJECT: LAUREL ENTERPRISES, LIMITED PARTNERSHIP
Ref. Number: A95000000461

We have received your document for LAUREL ENTERPRISES, LIMITED PARTNERSHIP and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00006911

**CERTIFICATE OF DISSOLUTION
FOR**

Laurel Enterprises, 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 03/21/1995, assigned Florida document number A95000000461, hereby submits this Certificate of Dissolution.

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

The passage of 90 consecutive days during which the company has no members. The only member, Stephen Decubellis, died 03/03/2019.

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.:

Helen Derwin
Helen Derwin, Personal
Representative for the Estate
of Stephen Decubellis

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

2020 MAY 11 PM 3:04

FILED

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

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:

Laurel Enterprises, Limited Partnership

Description of information that must be included in a claim:

Basis for the claim; Name and address of claimant; Amount of
claim; Statement of claim being contingent or not contingent, and
liquidated or unliquidated; Statement of claim being secured or unsecured

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

Amy L. Phillips, PLLC

PO Box 4397

Winter Haven, FL 33885

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 the notice.

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

Helen Derwin ^{Personal Representative}
Printed Name

Helen Derwin
Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.