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(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	? #)
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Certified Copies	_ Centificates	or Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

2011 APR 28 PM 2: 15

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EXAMINER

COVER LETTER

	ion Section of Corporations				
	Ipin Family Compa e of Florida Limited Partners		nited Partnership)		G
The enclosed Cer	rtificate of Dissolution a	and fee(s) are submitted	for filing.		
Please return all	correspondence concern	ing this matter to:			
Dick Tolpin					
	(Contact Person)				
Ann Marshall, Inc.					
	(Firm/Company)			-	
33329 Lakeshore	Drive			201 SE	
	(Address)			CRE	
Tavares, FL 3277	8			IIII APR 28 SECRETARY NLLAHASSEE	-
	(City, State and Zip Code)		PM FE. FL	
For further inform	nation concerning this n	natter, please call:		1 2: 19 STATE LORIDA	O
Dick Tolpin		at (352)_74	2-2334		
(Name of C	Contact Person)	(Area Code and I	Daytime Telephon	e Number)	
Enclosed is a che	ck for the following am	ount:			
☑ \$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Fill Certified Copy Certificate of S	y, and	
STREET ADDR	ESS:	MAILING	ADDRESS:		
Registration Secti		Registration			
Division of Corpo	orations		Corporations		
Clifton Building		P. O. Box 6327			
2661 Executive C	enter Circle	Tallahassee.	.FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

+

Tolpin Family Company, L]	TD	
(Name of Florida Limited P	Partnership or Limited Liability Limited Partnership)	
partnership or limited liability limit Florida Department of State on 04/ document number A95000000665	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with to 1/27/1995, assigned Floridate, hereby submits this Certificate of	he
Dissolution.		~
FIRST: Reason for dissolution: (State why partnership is submitting dissolution	OII APR 28
High filing fees and annual reporting re	equirements to maintain partnership.	R 28 P
	FLOR	3 2:
	Ď A	T) COP
SECOND: A Notice of Disso (Check box if atta	ached.)	·
	e than 90 days after the date this document is filed by the F	lorida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
Slevak-Tolpix, Res Gru More	Marker.	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	

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 no Dissolution.		APS CREI	-11
Name of Dissolved Limited Partnership or Limite	d Liability Limited Partnership	APR 28 CRETARY AHASSE	
Tolpin Family Company, LTD.		P P S	
Description of information that must be included i	n a claim:	2: 19 TATE ORIDA	America de
Basis of claim and documentation to authenticate claim	n.	- 	
Date the claim became valid and the reason claim was	not filed at that time.	*	
Documentation to validate filer's relationship to claimar	nt.		
Mailing address where claims can be sent: (Claim Department of State.) 33329 Lakeshore Drive Tavares, FL 32778	ns cannot be sent to the Florida		
A claim against the above nemed limited neutronal	hin or limited liability limited		
A claim against the above named limited partnersh partnership will be barred unless a proceeding to 6 4 years after the filing of the notice.		d within	
Signature of a general partner or a principal of the	•		
SheilahTolpin, President, Ann Marshall, Inc.	Sherlah Folgein, Pres Gu Signature	~ Marshallo	la
Printed Name	Signature		

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