

A95000000 936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

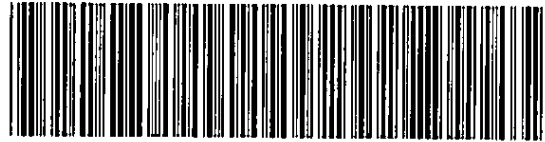
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700329422717

05/17/19--01018--023 **\$2.50

RECEIVED
MAY 17 2019
FILING OFFICE
JULY 17 2019

JUN 05 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2019

MERSTONE I LIMITED LIABILITY LIMITED PARTNERSHIP
655 W MOISE BLVD., STE 111
WINTER PARK, FL 32789

SUBJECT: MERSTONE I LIMITED LIABILITY LIMITED PARTNERSHIP
Ref. Number: A95000000936

We have received your document for MERSTONE I LIMITED LIABILITY LIMITED PARTNERSHIP and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 019A00007389

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merstone I Limited Liability 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:

M. Bradley Luczak
(Contact Person)

White & Luczak, P.A.
(Firm/Company)

655 W Morse Blvd., Suite 111
(Address)

Winter Park, FL 32789
(City, State and Zip Code)

For further information concerning this matter, please call:

M. Bradley Luczak at (407) 647 9300
(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

**CERTIFICATE OF DISSOLUTION
FOR**

Mersbone I Limited Liability Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

MAY 17 2003
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE

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 JUNE 21, 1995, assigned Florida document number A95000000936, hereby submits this Certificate of Dissolution.

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

See attached written action by the partners of
Mersbone I Limited Liability Partnership

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.:

[Signature]

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

**WRITTEN ACTION BY THE PARTNERS OF MERSTONE I LIMITED LIABILITY
LIMITED PARTNERSHIP**

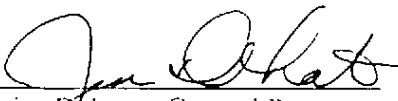
December 31, 2018

THE UNDERSIGNED, constituting the holders of all of the partnership interest of MERSTONE I LIMITED LIABILITY LIMITED PARTNERSHIP, a Florida limited liability limited partnership (the "Partnership"), hereby take the following written action in lieu of holding a meeting regarding the same:

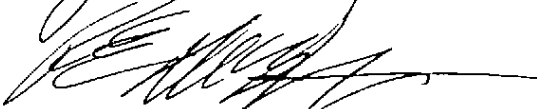
1. It is deemed advisable and in the best interest of the Partnership, to voluntarily dissolve the Partnership effective January 1, 2019. Jessica DeLater, as General Partner of the Partnership, is hereby authorized to take any and all actions and to execute such documents as she, in her sole discretion, shall deem necessary or advisable to dissolve the Partnership, and to otherwise carry out the intent of this Action.

2. This Action may be executed in several counterparts, either manually or via facsimile, and, as executed, shall constitute the valid and binding agreement of the parties hereto, notwithstanding that all the parties are not signatories to the original or the same counterpart, and together all counterparts shall constitute one original.

IN WITNESS WHEREOF, the undersigned have executed this Written Action, effective as of the date first above written, for the purpose of giving their consent hereto.



Jessica DeLater, General Partner



Richard DeLater, Limited Partner

**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:

Description of information that must be included in a claim:

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

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:

Printed Name

Signature

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

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>MARIC BRADLEY LUTZAK II</u>	EIN or SS#: _____
Address: <u>White & Lutzak, P.A. - 655 West Morse Blvd., Suite 111</u> <u>Winter Park, FL 32789</u>	
Amount: <u>25</u>	Date Paid: <u>6/11/19</u>
Reason for Claim: <u>Wrong Document</u> <u>A95000000 936</u>	
Certified true and correct this <u>08th</u> day of <u>May</u> , <u>2019</u> Signature: <u>[Signature]</u>	

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only

Amount of recommended refund \$ _____
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on _____

State Treasurer's Receipt No. _____ dated _____

NAME OF ACCOUNT: 45101000132453001000001000000

Statutory Authority for Collection _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: 45101000132453001000022002000

Certified true and correct this _____ day of _____, _____

Department of State, Division of Corporations
(Agency)

(Authorized Agency Signature and Title)