

A95000001331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

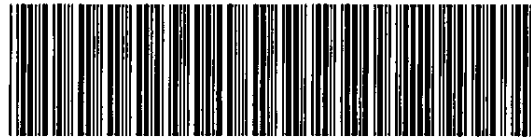
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/18/07--01007--002 \*\*52.50

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DIVISION OF CORPORATIONS  
07 MAR - 8 PM 1:28

W07-3517  
J. BRYAN JAN 23 2007

J. BRYAN MAR - 8 2007



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2007

LINDA REIN  
O'DONNELL & REIN LLC  
1441 WILKES POINT RD.  
GREEN COVE SPRINGS, FL 32043

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We have received your document for O'DONNELL & REIN LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$. 97.50

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 407A00005249

3/6/07

I have decided to dissolve the partnership. I have enclosed the completed form - Certificate of Dissolution.

Please apply the 52.50 submitted earlier to this document.

Linda Rein

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** O'Donnell & Rein LLLP

(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:

Linda O'Donnell-Rein

(Contact Person)

O'Donnell & Rein LLLP

(Firm/Company)

1441 Wilkes Point Road

(Address)

Green Cove Springs, FL 32043

(City, State and Zip Code)

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For further information concerning this matter, please call:

Linda O'Donnell-Rein

(Name of Contact Person)

at ( 904 ) 284-4937

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

*Submitted previously*

☐ \$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**

**O'Donnell & Rein LLLP**

(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 September 6, 1995, hereby submits this Certificate of Dissolution.

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

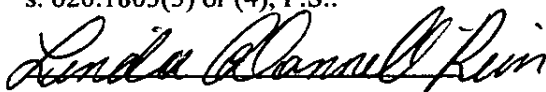
Business operations have been discontinued

**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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



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

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**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:

O'Donnell & Rein LLLP

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATIONS  
07 MAR 18 PM 1:28

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

1441 Wilkes Point Road

Green Cove Springs, Fl 32043  
\_\_\_\_\_  
\_\_\_\_\_

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:

Linda O'Donnell-Rein

Printed Name

  
Signature

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