

A 95000001428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

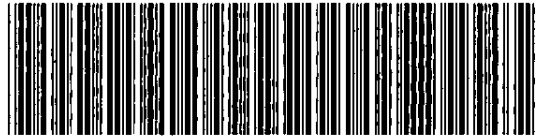
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200163877952

12/31/09--01052--022 **61.25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

09 DEC 31 PM 12:05

FILED

N. O. 2010 JAN - 4 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANKLIN S. DAVIS 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:

Leo J. Cushing, Esq.
(Contact Person)

Cushing and Dolan, P.C.
(Firm/Company)

375 Totten Pond Road, Suite 200
(Address)

Waltham, MA 02451
(City, State and Zip Code)

For further information concerning this matter, please call:

Leo J. Cushing, Esq. at (617) 523-1555
(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

FILED

CERTIFICATE OF DISSOLUTION 09 DEC 31 PM 12: 05
FOR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRANKLIN S. DAVIS 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 September 25, 1995, assigned Florida document number A95000001428, hereby submits this Certificate of Dissolution.

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

The Partnership is dissolving pursuant to the vote of its Partners.

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.:

Cynthia Leigh

[Signature]

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