

A95000001491

Niki T Bryan

(Requestor's Name)

7688 Municipal Drive

(Address)

(Address)

Orlando, FL 32819

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

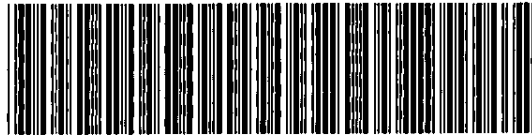
(Document Number)

Certified Copies _____

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02/10/12--01014--003 **25.00

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2012 MAR 27 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

MAR 28 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2012

NIKI T BRYAN
7688 MUNICIPAL DRIVE
ORLANDO, FL 32819

SUBJECT: GF SPA, LTD.
Ref. Number: A95000001491

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

We have received your document for GF SPA, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$27.50.

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) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 912A00006427

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.F. SPA LTD
(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:

TED WETTSTEIN
(Contact Person)
NIKE BRYAN INC.
(Firm/Company)
7688 MUNICIPAL DR.
(Address)
ORLANDO FL. 32819
(City, State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TED WETTSTEIN at (407) 370 9343
(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

BALANCE OF
27.50

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**

GF SPA, LTD

(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 10/05/1995, assigned Florida document number A9500000/491, hereby submits this Certificate of Dissolution.

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

CLOSE OF BUSINESS.

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.:

[Signature]

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

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TALLAHASSEE, FLORIDA