

A9500062029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

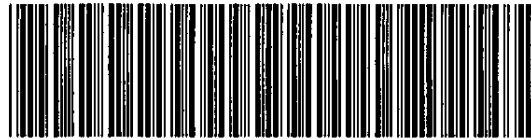
(Document Number)

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01/17/07--01042--001 **27.50

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07 JAN 16 PM 2:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McKinnon Family Partnership 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:

Donald Collado
(Contact Person)

Donald Collado & CO
(Firm/Company)

14479 Bruce B Downs Blvd
(Address)

Tampa, FL 33617
(City, State and Zip Code)

For further information concerning this matter, please call:

Donald Collado at (813) 977-1773
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee
- 25.00 Pd Already
\$27.50
☐ \$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

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TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2007

DONALD COLLADO
DONALD COLLADO & COMPANY
14479 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

SUBJECT: MCKINNON FAMILY PARTNERSHIP, LTD.
Ref. Number: A95000002029

We have received your document for MCKINNON FAMILY PARTNERSHIP, 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):

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

There is a balance due of \$27.50.

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) 245-6984.

Deborah Bruce
Document Specialist

Letter Number: 707A00001797

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SECRETARY OF STATE
TALLAHASSEE FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Mckinnon Family Partnership, LFD
(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 12/26/95, hereby submits this Certificate of Dissolution.

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

To Close 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.)

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

Donald C. Wells Trustee

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

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TALLAHASSEE FLORIDA