A94000000394

(Requestor's Name)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	. MAIL
(Business Entity Na	ame)
(Document Numbe	· r)
Certified Copies Certificate	
Special Instructions to Filing Officer:	
	i

Office Use Only



800242942358

12/21/12--01030--004 **52.50

SECRETARY DESIGNED AND ILLARS OF CORPUSATION OF CORPUS

C. LEWIS
JAN 4 2013
EXAMINER



Via Federal Express Ground December 20, 2012

Registration Section Florida Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee FL 32301

Re: Certificate of Dissolution

Sembler Family Partnership #12, Ltd.

Document #A9600000394

Dear Sir or Madam:

Enclosed are the Certificate of Dissolution and our check #174322 for \$52.50 for the dissolution of the above-referenced limited liability limited partnership.

We respectfully request that this dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution to my attention at the address shown below.

5858 Central Avenue St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,

Deann Lazzari Wojcicki Chief Financial Officer

DLW/vlm K:DeannLtrs FLA DQS Dissolution SFP 12 – 12-20-12

Enclosures

COVER LETTER

_	ision of C	orporations				
SUBJECT		ler Family Partne				and Dortmarkin)
	(Name of I	Florida Limited Partnersh	ip or Lim	itea Liabii	ity Limi	led Partnership)
The enclos	ed Certific	cate of Dissolution an	d fee(s)	are subn	nitted f	or filing.
Please retu	rn all corr	espondence concernii	ng this r	natter to:	:	
Deann Lazz	ari Wojcick	i				
		(Contact Person)				
The Semble	r Compan	/				
		(Firm/Company)			···-	
5858 Centra	al Avenue					
		(Address)				
St. Petersbu	ıra Fl. 33'	707-1728				
01:1 0101000		City, State and Zip Code)		·		
For further	informati	on concerning this m	atter, pl	ease call	:	
Deann Wojo	cicki	•	at (727) 384	-6000, ext. 3015
(Na	me of Conta	act Person)		(Area Cod	le and D	aytime Telephone Number)
Enclosed is	s a check t	for the following amo	unt:			
▼ \$52.50 Fil	ing Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Filin Certified Co		\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET.	ADDRES	S:		MAII	LING A	ADDRESS:
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
Clifton Building			P. O. Box 6327			
2661 Exec				Tallah	nassee,	FL 32314
Tallahasse	e, FL 323	O1				

CERTIFICATE OF DISSOLUTION FOR



2012 DEC 21 AM 11: 43

+

Sembler Family Partnership #12, 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 2/28/1996							
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)							
SECOND: A Notice of Dissolution is attached. (Check box if attached.)							
THIRD: Effective date, if other than the d	late of filing:						
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Florida						
Signatures of each general partner o s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to						
Suyo Dembly.							
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75						