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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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ST. JAMESVILLE
TALLAHASSEE, FLORIDA

J. Shivers JAN 09 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albert O. Thomas Family 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:

Larry A. Thomas
(Contact Person)

Lawco Const. and Mgmt Corp.
(Firm/Company)

7164 Lemuria Circle #1602
(Address)

Naples FL 34109
(City, State and Zip Code)

For further information concerning this matter, please call:

Larry Thomas at (239) 290-1551
(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

**CERTIFICATE OF DISSOLUTION
FOR**

Albert O. Thomas Family 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 April 23, 1996, assigned Florida document number A96000000815, hereby submits this Certificate of Dissolution.

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

All assets have been sold and all
proceeds distributed in accordance
with partnership agreement

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/31/13

(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] pres.

Larry O. Thomas pres.

LAWCO Const + Maint Corp.

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

FILED
TALLAHASSEE, FLORIDA
14 JAN -6 7:10:54

**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:

Albert O. Thomas Family Limited Partnership

Description of information that must be included in a claim:

claimant / amount / date / event /
legal standing / jurisdiction

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

7164 Lemuria Circle

#1602

Waples FL 34109

STATE OF FLORIDA
FALL 2004
14 JAN -6 AM 10:54

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:

Larry A. Thomas, pres.
Printed Name

[Signature] pres.
Signature

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