

A 96000000946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

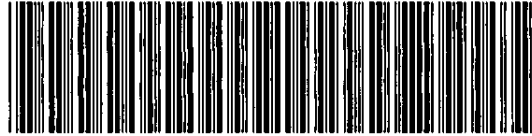
(Document Number)

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J. SAULSBERRY  
EXAMINER

FEB 1 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CAPITAL ASSET RESEARCH CORPORATION, Ltd.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Thomas Malnati

(Contact Person)

(Firm/Company)

212 BLOSSOM LANE

(Address)

Palm Beach Shores FL 33404-5707

(City, State and Zip Code)

For further information concerning this matter, please call:

Thomas Malnati

(Name of Contact Person)

at ( 561 ) 200-8832

(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

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TALLAHASSEE, FLORIDA  
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**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:

CAPITAL ASSET RESEARCH CORP., Ltd

Description of information that must be included in a claim:

Description and DATE of any SERVICE provided or product sold. Copy of any agreement or purchase order. Name of person who authorized purchase of service or product. Copy of all communications with Capital Asset Research Corp regarding same.

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

attn James P. PAUL Esq  
3030 Rosewood Ct  
Davie, FL 33328

2013 JAN 31 AM 11:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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 notice.

Signature of a general partner or a principal of the successor entity:

CAPITAL ASSET HOLDINGS, GP, Inc  
Printed Name

T.P. Melnicki Its V.P.  
Signature

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50