

A 96 000000 1146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000333491680

08/21/19--01007--017 *11-75

FILED

2019 AUG 21 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FL

28 2019
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE WENTZEL 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:
ROBYN MCBRIDE

(Contact Person)

THE WENTZEL FAMILY LIMITED PARTNERSHIP

(Firm/Company)

4963 SABAL LAKE CIRCLE

(Address)

SARASOTA, FL 34238

(City, State and Zip Code)

For further information concerning this matter, please call:

ROBYN MCBRIDE at (941) 780-9497

(Name of Contact Person) (Area Code) (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**

THE WENTZEL 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 06/18/1996, assigned Florida document number A96000001146, hereby submits this Certificate of Dissolution.


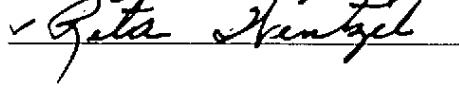
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
PARTNERSHIP HAS DISCONTINUED BUSINESS.

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

THIRD: Effective date, if other than the date of filing: 08/15/2019
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Filing Fee:

\$52.50

2019 AUG 21 PM 3:40
TALLAHASSEE
SECRETARY OF STATE

FILED