

A96000001361

(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



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 24 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORE FAMILY LIMITED PARTNERSHIP

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Name of Contact person: H. Cranston Pope
Firm/ Company: Pope & Barloga, P.A.
Address: P.O. Box 1609
City/State and Zip Code: Panama City, FL 32402

For further information concerning this matter, please call:

H. Cranston Pope at (850) 784-9174

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee ☒ \$61.25 Filing Fee ☐ \$105.00 Filing Fee ☐ \$113.75 Filing Fee,
and Certificate of Status and Certified Copy 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
FORE FAMILY LIMITED PARTNERSHIP**

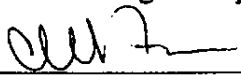
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on July 18, 1996, assigned Florida document number A96000001361, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: Business concluded

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

THIRD: Effective date, if other than the date of filing: 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.:



Allen Fore



Susan Staten

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

FORE FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name, Address, Basis of Claim and Supporting Documentation

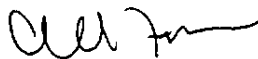
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Alan Fore
901 East 2nd Plaza
Panama City, FL 32401

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:

Alan Fore
Printed Name of the Person Filing



Signature of the Person Filing

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

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TALLAHASSEE, FLORIDA