

A96000001461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

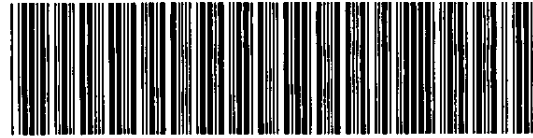
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100267254561

12/12/14--01020--003 **25.00
52.50

FILED
2014 DEC 12 PM 12:07
SECRETARY OF STATE
DALLAS/TEXAS

DEC 17 2014
J. BRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sembler Family Partnership #13, Ltd.
(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:

Heather Cook
(Contact Person)
The Sembler Company
(Firm/Company)
5858 Central Avenue
(Address)
St. Petersburg, FL 33707-1728
(City, State and Zip Code)

For further information concerning this matter, please call:

Heather Cook at (727) 384-6000, ext. 3083
(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

2014 DEC 12 PM 12:07
TALLAHASSEE, FL 32314
SECRETARY OF STATE

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

Sembler Family Partnership #13, 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 Aug. 6, 1996, assigned Florida document number A96000001461, hereby submits this Certificate of Dissolution.

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

No longer conducting business in Florida or as a foreign limited partnership in any state outside of

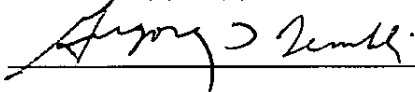
Florida.

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

THIRD: Effective date, if other than the 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.:



SECRETARY OF STATE
AT TALLAHASSEE FLORIDA

2014 DEC 12 PM 12:07

FILED

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