

A 96 000002096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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NOV 27 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 26 PM 1:53

FILED

DONALD P. MARDER
Attorney at Law
704 Baisley Trail
The Villages, FL 32162
Tel: (352) 561-4129
E-Mail: donmarder@hotmail.com

November 19, 2012

Florida Dept. of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Walker Financial Limited Partnership
Florida Doc. No. A96000002096

Greetings:

Enclosed are the following documents I am submitting for filing in order to amend the certificate and to dissolve the aforesaid limited partnership:

- (1) Certificate of Dissolution
- (2) Notice of Dissolution
- (3) Cover Letter
- (4) Certificate of Amendment
- (5) Cover Letter

The documents have been executed by Janet Walker Schanzle, who is a limited partner, and who has been appointed by the consent of the limited partners, pursuant to Section 620.1803, Florida Statutes, as the person to wind up the activities of the partnership.

Enclosed also is a cashier's check in the amount of \$122.50, payable to the Florida Dept. of State, for the applicable fees.

Please contact me if you need any additional information. Thank you for your co-operation.

Cordially,

DONALD P. MARDER

cc: Janet Walker Schanzle

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WALKER FINANCIAL LIMITED PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership

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

Please return all correspondence concerning this matter to:

Donald P. Marder, Esq.

Contact Person

Firm/Company

704 Baisley Trail

Address

The Villages, FL 32162

City, State and Zip Code

donmarder@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald P. Marder, Esq.

Name of Contact Person

at (352)

561-4129

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

WALKER FINANCIAL LIMITED PARTNERSHIP

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on Nov. 13, 1996, assigned Florida document number A96000002096, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:
(Must be STREET address)

1177 Glen Falls Rd.
DeLand
FL 32720

New Mailing Address:
(May be post office box)

1177 Glen Falls Rd.
DeLand
FL 32720

C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Janet Walker Schanzle

New Registered Office Address:

1177 Glen Falls Rd.

Enter Florida street address

DeLand

City

Florida

32720

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>G/P</u>	<u>Dorothy L. Walker</u>	<u>1830 Riverview Circle</u> <u>Sevierville</u> <u>TN 37862</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The sole General Partner, Dorothy L. Walker, died on September 24, 2012. Janet Walker
Schanzle, who is a Limited Partner, has been appointed by the consent of the Limited
Partners owning a majority of the rights to receive distributions as Limited Partners, pursuant
to Section 620.1803(3), as the person to dissolve and wind up the Partnership's activities.

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.)

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

Janet Walker Schanzle

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SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-26-12 BY 60322

Signature(s) of all new or dissociating general partner(s), if any:

Janet Walker Schanzle

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