

A97000000204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

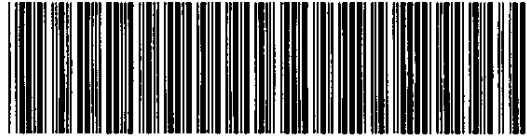
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/29/15--01015--012 **105.00

FILED
2015 DEC 28 PM 1:57
TALLAHASSEE FLORIDA
SOUTH FLORIDA

DEC 30 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTUN FAMILY PARTNERS, 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:

Lisa Braden
(Contact Person)

Lisa Braden, P.A.
(Firm/Company)

4623 Forest Hill Blvd., Ste. 108-1
(Address)

West Palm Beach, FL 33415-9121
(City, State and Zip Code)

For further information concerning this matter, please call:

Lisa Braden at (561) 641-1888
(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

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

December 22, 2015

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

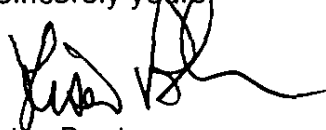
Re: Antun Family Partners, LTD.
Document #A97000000204
Notice of Dissolution;
Certificate of Dissolution

Dear Sirs:

Please find enclosed the original and one copy of the above mentioned along with a check in the amount of \$105.00. This amount represents the filing fee and certified copy.

After you have filed these documents, please return a certified copy of each to my office.

Sincerely yours,



Lisa Braden

enclosures

cc: Joan Rednor
Kim Y. Taber

**CERTIFICATE OF DISSOLUTION
FOR**

ANTUN FAMILY PARTNERS, 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 January 17, 1997, assigned Florida document number A97000000204, hereby submits this Certificate of Dissolution.

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

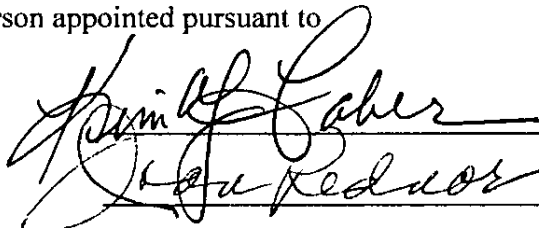
Completion of Business Activity

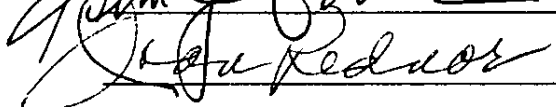
SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2015

(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.:





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

2015 DEC 28 PM 1:57
DEPARTMENT 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:

ANTUN FAMILY PARTNERS, LTD.

Description of information that must be included in a claim:

Date of the Claim

Amount of the Claim

Description of the Claim; including copies of any orders, invoices, or other written evidence of claim

Names, address and telephone number of the claimant

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

3057 Via Napoli

Deerfield Beach, FL 33442

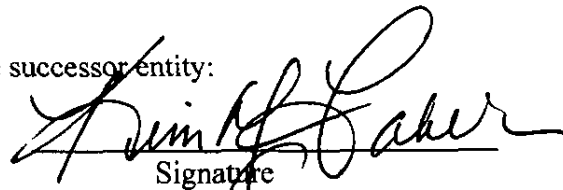
2015 DEC 28 PM 1:57
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2015 BY 60322
UCBAW/STW

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:

Kim Y. Taber

Printed Name



Signature

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