

A97000000277

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(City/State/Zip/Phone #)

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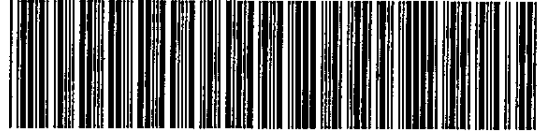
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITZGERALD FAMILY LIMITED PARTNERSHIP
(Name of Limited Partnership)

DOCUMENT NUMBER: A97000000277

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

Please return all correspondence concerning this matter to the following:

JOHN E. FITZGERALD, JR.
(Name of Person)

MCPHILLIPS, FITZGERALD & CULLUM, LLP
(Firm/Company)

288 GLEN STREET, PO BOX 299
(Address)

GLENS FALLS, NY 12801
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN E. FITZGERALD, JR. at (518) 792-1174
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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STATE
FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2006

JOHN E FITZGERALD, JR
288 GLEN STREET PO BOX 299
GLENS FALLS, NY 12801

SUBJECT: FITZGERALD FAMILY LIMITED PARTNERSHIP
Ref. Number: A97000000277

We have received your document for FITZGERALD FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because of recent changes to Chapters 607, 608, and 620, Florida Statutes, which became effective January 1, 2006, your document does not meet current filing requirements. For your convenience, we are enclosing the correct form and instructions.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 206A00001090

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**CERTIFICATE OF DISSOLUTION
FOR**

FITZGERALD 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 January 31, 1997, hereby submits this Certificate of Dissolution.

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

The business purposes for which the entity were formed
have ceased.

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.:

Virginia Z. Fitzgerald
Virginia Z. Fitzgerald, General Partner

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

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