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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

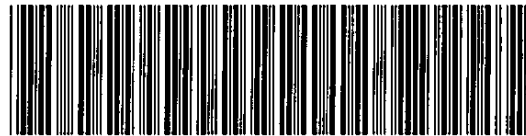
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Law Offices of
J. Warren Bullard, P.A.

18 N.W. 3rd Avenue
Ocala, Florida 34475
Phone (352) 732-5900
Fax (352) 622-5769

J. Warren Bullard
Email: jwarrenbullard@earthlink.net

Shannon Mulkey, CLA
Certified Legal Assistant

August 15, 2007

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

RE: HEATH FAMILY LIMITED PARTNERSHIP

Dear Sir/Madam:

The enclosed Certificate of Dissolution, Notice of Dissolution and \$52.50 fee is submitted for filing. Please return all correspondence concerning this matter to our office.

For further information concerning this matter, please call me at the above office number.

Thank you for your assistance in this matter.

Sincerely,

J. Warren Bullard, P.A.



J. Warren Bullard

JWB/sm
Enclosures

**CERTIFICATE OF DISSOLUTION
FOR
HEATH FAMILY LIMITED PARTNERSHIP
a Florida Limited Partnership**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on March 24, 1997, hereby submits this Certificate of Dissolution.

1. The partnership is submitting dissolution pursuant to the consent of the general partner and all limited partners in accordance with section 620.1801(b), Florida Statutes.
2. A Notice of Dissolution is attached.
3. The effective date of dissolution shall be the date filed.

General Partner:

HEATH FARMS, INC.

By:


BONNIE M. HEATH, III, as President

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DIVISION OF CORPORATIONS
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**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 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:

HEATH FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name of claimant
Address of claimant
Phone number of claimant
Documentation supporting claim

Mailing address where claims can be sent:

c/o Hillary Heath Wellborn
P.O. Box 1740
High Springs, FL 32655

A claim against the above named 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 general partner:

HEATH FARMS, INC.

By:


BONNIE M. HEATH, III, as President