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(Re	equestor's Name)		
(Ad	ldress)		
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(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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2010 APR 26 PM 19 06
SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

APR 28 2010

EXAMINER

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
	amp Family Partner f Florida Limited Partnersh		Limited Partnership)
The enclosed Certif	ficate of Dissolution ar	nd fee(s) are submit	tted for filing.
Please return all co	rrespondence concerni	ng this matter to:	
W. Frederic	k Thomson		
	(Contact Person)		
	(Firm/Company)		
3375-G Capi	tal Circle, NE		
	(Address)		
Tallahassee	, Florida 32308		
	(City, State and Zip Code)		
For further informate	tion concerning this ma	atter, please call:	
Fred Thomson		at ( <u>850</u> )	385-7444
(Name of Con	tact Person)	(Area Code a	nd Daytime Telephone Number)
Enclosed is a check	for the following amo	unt:	
X \$52 50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Found Certified Copy	cee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	SS:	MAILIN	IG ADDRESS:
Registration Section		Registration Section	
Division of Corporations			of Corporations
Clifton Building 2661 Executive Center Circle		P. O. Box	x 6327 see, FL 32314
Tallahassee, FL 323		i attailass	500, I'L. J&J14

FILED

#### CERTIFICATE OF DISSOLUTION **FOR**

2010 APR 26 PM # 86

SECRETARY OF STATE FALLAHASSEE. FLORIDA

Stump Family Partnership, LTD

(Name of Florida Limited	Partnership or Limited Liability Limited Partnership)
partnership or limited liability limited partnership or limited liability limited partnership or limited liability liabili	on 620.1203, Florida Statutes, this Florida limited ited partnership, whose certificate was filed with the April 3, 1997, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (	(State why partnership is submitting dissolution)
All partnership assets h	ave been distributed to the partners
in liquidation of the pa	rtnership.
SECOND: A Notice of Disso (Check box if atta	date of filing:
(Effective date cannot be prior to nor mor Department of State)	e than 90 days after the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:  W. Szelevik Monson  W. Frederick Thomson	or the person appointed pursuant to  Luly J. Womack  Evelyn Womack
Filing Fee:	\$52.50 \$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75

FILED

### NOTICE OF DISSOLUTION FOR

# 2010 APR 26 PM B 86

FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP
TALLAHASSEE, FLORIDA

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

Dissolution.

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

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
Stump Family Partnership, LTD
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
3375-G Capital Circle, NE
Tallahassee, FL 32308
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:
W. Frederick Thomson  Printed Name  Signature
Printed Name Signature

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