

A97000000957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

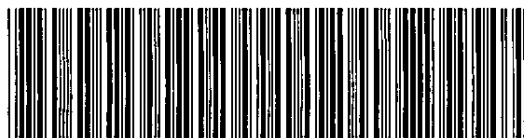
(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 15 PM 3:57

T. HAMPTON

MAY 18 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALOMA BEND 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:

Thomas V. Spano or Christine Kelsay
(Contact Person)
ALOMA BEND LTD
(Firm/Company)
PO BOX 467 (Address) (MOST RECENT PHYSICAL ADDRESS: 125 Wilmington West Chester Pike, CHadds Ford, PA 19317)
CONCORDVILLE PA 19331
(City, State and Zip Code)

For further information concerning this matter, please call:

Thomas Spano/Christine Kelsay 610-558-1500
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 5, 2009

THOMAS VISPANO
P O BOX 467
CONCORDVILLE, PA 19331

SUBJECT: ALOMA BEND, LTD.
Ref. Number: A97000000957

We have received your document for ALOMA BEND, LTD. and check(s) totaling \$43.75. However, your check(s) and document are being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP (LTD). Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00015228

**CERTIFICATE OF DISSOLUTION
FOR**

ALOMA BEND 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 4-30-1997, assigned Florida document number A97000000957, hereby submits this Certificate of Dissolution.

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

ALL PROPERTY SOLD - NO BUSINESS BEING
CONDUCTED

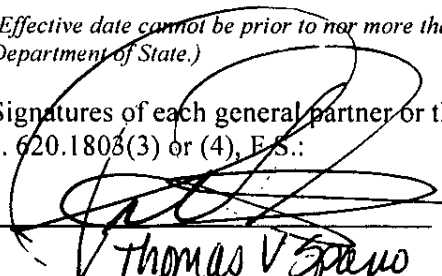
GENERAL PARTNER - ALOMA BEND INC
ALREADY DISSOLVED

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.:


Thomas V Espino
(for Aloma Bend Inc)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 15 PM 3:57