

A970000CATS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/04/17--01005--021 **105.00

FILED

17 JAN 23 PM 1:40

JAN 17 2017

O SIMMONS

JAN 26 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2017

MARILYN BURSIN
4047 AINSLIE C
BOCA RATON, FL 33434

SUBJECT: BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD.
Ref. Number: A97000000975

RECEIVED
2017 JAN 23 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BURSTIN FAMILY LIMITED PARTNERSHIP #1, LTD. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Notice of Dissolution was not attached.

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) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 817A00000346

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BURSTIN FAMILY Limited Partnership #1 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:

MARILYN BURSTIN

(Contact Person)

(Firm/Company)

4047 AINSLIE C

(Address)

BOCA RATON, 33434

(City, State and Zip Code)

For further information concerning this matter, please call:

MARILYN BURSTIN

(Name of Contact Person)

at (561) 487-3525

(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

**CERTIFICATE OF DISSOLUTION
FOR**

Burstin Family Limited Partnership #1 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 MAY 1, 1998, assigned Florida document number A97000000975, hereby submits this Certificate of Dissolution.

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

THERE ARE NO ASSETS any
longer.

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.:

Marilyn Burstin

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

DIVISION OF REVENUE
17 JAN 23 PM 1:40

FILED

**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:

BURSTIN FAMILY Limited Partnership #1 Ltd

Description of information that must be included in a claim:

Proof of claim by receipt or
any paper that explains claim & to
whom it should be addressed,

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

MARILYN Burstin
4047 AINSLIE C
BOCA RATON, FL. 33434

SECTION OF CERTIFICATE OF DISSOLUTION

17 JAN 23 PM 1:40

FILED

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:

MARILYN BURSTIN

Printed Name

Marilyn Burstin

Signature

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