

A9700000133S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

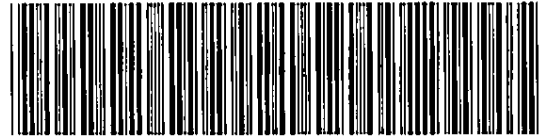
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200301106452

08/02/17--01002--001 **27.50

07/05/17--01012--024 **85.00

FILED
17 JUL 27 PM 5:39
CLERK OF COURT
STATE OF FLORIDA

S. WARREN

AUG 01 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

GEORGE SADOWSKI
2460 OLD MOULTRIE ROAD, SUITE 3
ST AUGUSTINE, FL 32086

SUBJECT: MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD.
Ref. Number: A97000001335

We have received your document for MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

There is a balance due of \$27.50.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00014223

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOULTRIE MEDICAL PLAZA FAMILY PARTNERSHIP
Name of Florida Limited Partnership or Limited Liability Limited Partnership LTD.

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

Please return all correspondence concerning this matter to:

George SADOWSKI
Contact Person

P.O. BOX 4198
Firm/Company
Address

ST. AUGUSTINE FL. 32085
City, State and Zip Code

gsadowskimd@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George SADOWSKI at (904) 825-7558
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

**CERTIFICATE OF DISSOLUTION
FOR**

Moultrie Medical Plaza Family Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) LTD

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 11/7/02, assigned Florida document number A97000001335, hereby submits this Certificate of Dissolution.

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

Dissolution of company

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.:

v. G. L. L. L. L.

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

FILED
17 JUL 27 PM 5:39
STATE
TALLAHASSEE, FLORIDA