

# A97000001581

\_\_\_\_\_  
(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



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12/21/12--01030--002 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 21 AM 11:38

C. LEWIS  
JAN 4 2013  
EXAMINER

# 50SEMBLER

YEARS Creating Retail Value.

**Via Federal Express Ground**  
December 20, 2012

Registration Section  
Florida Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301

**Re: Certificate of Dissolution  
Sembler E.D.P. Partnership #8, Ltd.  
Document #A97000001581**

Dear Sir or Madam:

Enclosed are the Certificate of Dissolution and our check #174290 for \$52.50 for the dissolution of the above-referenced limited liability limited partnership.

We respectfully request that this dissolution be effective as of the date of filing.

Please return your letter acknowledging the filing of this dissolution to my attention at the address shown below.

5858 Central Avenue  
St. Petersburg, FL 33707-1728

If you have any questions, please do not hesitate to contact my office.

Sincerely,



Deann Lazzari Wojcicki  
Chief Financial Officer

DLW/vlm  
K:DeannLtrs FLA DOS Dissolution EDP 8 - 12-20-12

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sembler E.D.P. Partnership #8, 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:

Deann Lazzari Wojcicki  
(Contact Person)

The Sembler Company  
(Firm/Company)

5858 Central Avenue  
(Address)

St. Petersburg, FL 33707-1728  
(City, State and Zip Code)

For further information concerning this matter, please call:

Deann Wojcicki at ( 727 ) 384-6000, ext. 3015  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2012 DEC 21 AM 11:38

Sembler E.D.P. Partnership #8, 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 7/17/1997, assigned Florida document number A97000001581, hereby submits this Certificate of Dissolution.

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

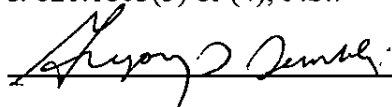
No longer doing business in Florida.

**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.:



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