

A97000001799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

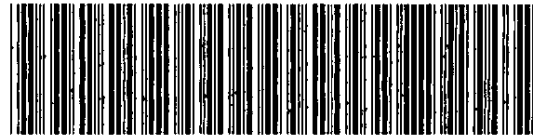
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/08--01031--004 **210.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JUN 16 PM 4:18

G. MCLEOD
JUN 30 2008
EXAMINER



FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

June 12, 2008

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: C. A. Suarez Enterprises, Ltd.

Dear Sir/Ma'am:

Enclosed please find original Certificate of Dissolution and Statement of Termination for the above-captioned limited partnership, along with our firm check in the amount of \$210.00 to cover the following:

Filing Fees	\$105.00
Certified Copy Fees	<u>105.00</u>
	\$210.00

We would appreciate your filing the Certificate of Dissolution and Statement of Termination, certifying a copy of each, and returning the certified copies to us.

Thank you for your assistance.

Sincerely,


E. Jackson Boggs

EJB/dlt
Enclosure

40254102v1

FOWLER WHITE BOGGS BANKER P.A.

TAMPA • ST. PETERSBURG • FORT MYERS • TALLAHASSEE • ORLANDO • NAPLES • JACKSONVILLE • FORT LAUDERDALE

501 EAST KENNEDY BLVD., SUITE 1700 • TAMPA, FLORIDA 33602 • P.O. BOX 1438 • TAMPA, FL 33601
TELEPHONE (813) 228-7411 • FAX (813) 229-8313 • www.fowlerwhite.com

**CERTIFICATE OF DISSOLUTION
FOR**

C. A. SUAREZ ENTERPRISES, 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 August 21, 1997, hereby submits this Certificate of Dissolution.

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

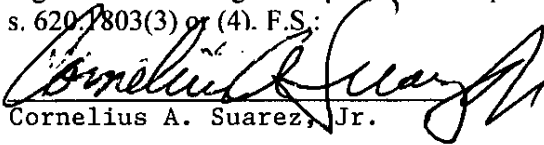
Complete liquidation of partnership

SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

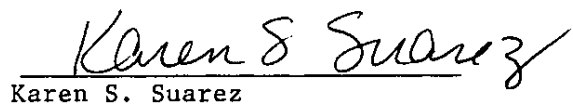
THIRD: Effective date, if other than the date of filing: _____

(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.:



Cornelius A. Suarez, Jr.



Karen S. Suarez

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

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