## A9700002569

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Office Use Only			



02/22/18--01011--006 \*\*52.50





## **COVER LETTER**

.

.

.

## TO: Registration Section

.

**Division of Corporations** 

1

٠

•

SUBJECT:	McCarley Enterprises Family Limited Partnership	i
	(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: R. Craig Harrison, Esq.

(Contac	ct Person)	
Lyons, Beaudry & Harrison, P.A.		
(Fim/	Сотралу)	
1605 Main Street, Ste. 1111		
(Add:	ress)	
Sarasota, FL 34236		i
(City, State a	nd Zip Code)	
For further information concerning this n	natter, please call:	:
R. Craig Harrison, Esq.	941 366-3 at ( )	282
(Name of Contact Person)		me Telephone Number)
Enclosed is a check for the following am	ount:	
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	Sill3.75 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 A Registration S Division of C P. O. Box 633 Tallahassee, I	Section orporations 27

## CERTIFICATE OF DISSOLUTION FOR

McCarley Enterprises Family Limited Partnership, a Florida limited partnership

(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 November 14, 1997, assigned Florida document number A97000002569, hereby submits this Certificate of Dissolution.

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

\$8.75

Consent by all General and Limited Partners

Certificate of Status (optional):

•		ez., 
<u> </u>		
1		
SECOND: A Notice of Di	esolution is atta	ached
	if attached.)	aointa.
(Check box	n attached.y	
THIRD: Effective date, if other that	n the date of filing	12/2/12000
		after the date this document is filed by the Florida
		applicable statutory filing requirements, this date will
not be listed as the document's effective	ve date of the Dep	artificiti of State S records.
Signatures of each general partner or t		(4) = (4) = (2)
Signatures of each general partner of u	ne person appoune	ed pursuant to s. 620, 1803(3) or (4), F.S.: McCarley Enterprises Family Limited
		Partnership, a Florida limited partnership
		TI PATA
		BY: McCarley Three D, Inc.
		ITS: General Partner
		BY: Daniel E. McCarley
		ITS: Authorized Agent
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	