

A98000000472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

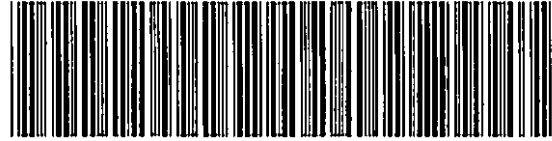
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/24/22--01002--021 \*\*17.50

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: EMPLOYEES RETIREMENT PARTNERSHIP 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:

LAUREL WOODS  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

650 NORTHWOODS RD / PO BOX 397  
(Address)

SEELY LAKE MT 59868  
(City, State and Zip Code)

For further information concerning this matter, please call:

LAUREL WOODS at (406) 677-2177  
(Name of Contact Person) (Area Code) (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

\$43.75 HAS ALREADY BEEN SENT SO

STREET ADDRESS: 1 MAIL  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INCLUDED  
\$17.50

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION  
FOR

EMPLOYEES RETIREMENT PARTNERSHIP 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 FEB 20, 1998, assigned Florida document number A98000000472 hereby submits this Certificate of Dissolution.  
472

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

CLOSED 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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

[Signature] \_\_\_\_\_  
[Signature] \_\_\_\_\_  
\_\_\_\_\_

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

2022 MAR 18 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED