

A98000000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

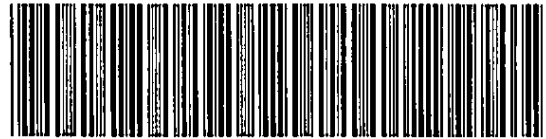
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 JUL -3 AM 9:14

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JUL 09 2019
I ALBRITTON

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Skibo Family Limited Partnership
(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:

Charles M Skibo
(Contact Person)

(Firm/Company)

*1 Avenue de la Mer # 1103
(Address)

Palm Coast FL 32137
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles Skibo at (301) 526 2342 or 301 526 1772
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

✓ Paid \$25 Check for \$27.50 enclosed
☒ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2019

CHARLES SKIBO
7 AVENUE DE LA MOR #1103
PALM COAST, FL 32137

SUBJECT: SKIBO FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000000569

We have received your document for SKIBO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the document is \$52.50.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00011326

Sorry for the extra work on your side - forgot to attach the check

RECEIVED
2019 JUL -3 AM 11:22



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

CHARLES SKIBO
7 AVENUE DE LA MOR #1103
PALM COAST, FL 32137

SUBJECT: SKIBO FAMILY LIMITED PARTNERSHIP
Ref. Number: A98000000569

We have received your document for SKIBO FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file the document is \$52.50.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 019A00009870

RECEIVED

2019 JUN -5 AM 10:23

SECRET
TALLAHASSEE, FL

**CERTIFICATE OF DISSOLUTION
FOR**

Skiba Family 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 2/26/1998, assigned Florida document number A98000000 569, hereby submits this Certificate of Dissolution.

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

No longer active

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

THIRD: Effective date, if other than the date of filing: 3/15/2019
(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.:

Charles R. Skiba _____

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

2019 JUN -3 AM 9:14