

A98000001224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

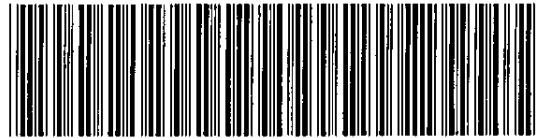
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800280482808

12/30/15--01007--022 **105.00

RECEIVED
DEPARTMENT OF STATE
15 DEC 30 PM 1:25
FILED
15 DEC 30 AM 10:03
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
DEPT. OF STATE
TALLAHASSEE, FLORIDA

DEC 31 2015

Y SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lloyd Properties, LTD

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ ✓ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ✓ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**NOTICE OF DISSOLUTION FOR
FLORIDA LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below, or the successor entity, for resolution of payment of unknown claims against this limited partnership as provided in section 620.1807, Florida Statutes.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

The name of the dissolved Florida limited partnership is Lloyd Properties, LTD.

Description of information that must be included in a claim:

1. The name of claimant, date of claim, and name of general partner authorizing the claim; and
2. Any notice to the partnership of the claim previously communicated or delivered.

Mailing address where claims can be sent is:

Colin V. Lloyd
302 S. 2nd Street
Ft. Pierce, Florida 34950

A claim against Lloyd Properties, LTD will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

The signatures of each of the general partners of this Florida limited partnership are set forth below:

X 

Vincent A. Lloyd, General Partner



Colin V. Lloyd, General Partner



Ian T. Lloyd, General Partner

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

15 DEC 30 AM 10:03

FILED

**CERTIFICATE OF DISSOLUTION FOR
LLOYD PROPERTIES, LTD**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 15, 1998, assigned Florida document number A98000001224, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution this Florida limited partnership shall be dissolved pursuant to section 620.1801(1)(a), Florida Statutes, the happening of an event specified in the partnership agreement.

SECOND: A Notice of Dissolution is attached.

THIRD: Effective date is the date of filing by the Florida Department of State.

The signatures of each of the general partners of this Florida limited partnership are set forth below:



Vincent A. Lloyd, General Partner



Colin V. Lloyd, General Partner



Ian T. Lloyd, General Partner

DEPT. OF STATE
TALLAHASSEE, FLORIDA

15 DEC 30 AM 10:03

FILED