

A98000001970

(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



300350536823

C. GOLDEN

AUG 26 2020

2020 AUG 18 PM 2:43:20 PM 18 PM 12:49

OFFICE USE ONLY

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

RESUBMIT
Please give original
submission date as file date.

ACCOUNT NO. : I20000000195
REFERENCE : 393369 3405B
AUTHORIZATION : *Squid Coleman*
COST LIMIT : \$ 52.50

ORDER DATE : August 17, 2020
ORDER TIME : 9:46 AM
ORDER NO. : 393369-010
CUSTOMER NO: 3405B

DOMESTIC FILINGS

NAME: DOVERSPIKE ~~FAMILY,~~ LTD.
FAMILY,

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER'S INITIALS: _____

2020 AUG 25 PM 1:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2020

CORPORATION SERVICE COMPANY

SUBJECT: DOVERSPIKE FAMILY, LTD.
Ref. Number: A98000001970

RESUBMIT
Please give original
submission date as file date.

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 420A00015806

**CERTIFICATE OF DISSOLUTION
FOR**

2020 01 18 PM 12:50

Doverspike Family, 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, 1998, assigned Florida document number A98000001970, hereby submits this Certificate of Dissolution.

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

Consent of General Partner and Limited Partners

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.:

Doverspike Corporation, a Florida corporation,
as General Partner

Lawrence G. Doverspike, President

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