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2001 HAY 24 P 1: 36 SECRETARY OF STATE ALLAHASSEE, FI OPICA

LAW OFFICES

## PURCELL, FLANAGAN & HAY, P.A.

I 548 LANCASTER TERRACE

MAILING ADDRESS:
POST OFFICE BOX 40749
JACKSONVILLE, FL 32203

May 18, 2007

THOMAS K. PURCELL (1947 - 2004)

CLARENCE F. FRAZIER OF COUNSEL

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TIMOTHY L. FLANAGAN\*

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BRIAN J. HERSHORIN \*

GLENN J. MACGRADY\*

THOMAS D. POINTNER

ROBERT H. TRUDEAU \*

JONATHAN L. HAY\*

JANET A. CARVER

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DeAlexandris Family Limited Partnership

Certificate of Dissolution

Dear Sir or Madam:

Enclosed for filing is Certificate of Dissolution for the above-referenced entity. Also enclosed is our firm check in the amount of \$52.50 representing your fee for filing the certificate.

Please return a stamped "filed" copy of the certificate to me in the enclosed envelope. In the meantime, please do not hesitate to contact me if you have any questions regarding this matter.

Sincerely,

Timothy L. Flanagan

TLF/bjh Enclosures

cc: Mr. and Mrs. Robert A. DeAlexandris (without enclosures)

Ms. Michelle Clowe (without enclosures)

Ms. Tracie L. Tedrick, CPA (without enclosures)

## **COVER LETTER**

Division of	Corporations			
SUBJECT: De	Alexandris Fam	ily Limited Parti	nership	
(Name o	of Florida Limited Partnersh	ip or Limited Liability Limi	ted Partnership)	_
The enclosed Certi	ficate of Dissolution an	nd fee(s) are submitted t	for filing.	
Please return all co	orrespondence concerni	ng this matter to:		
Timothy L. F	lanagan, Esqu	ire		
	(Contact Person)		7	
Purcell, Flanagan & Hay, P.A.			260 SEC 2001	
	(Firm/Company)			arae E
1548 Lanca	ster Terrace		Y 2 TAR ASS	-
	(Address)		E E	U P <sup>ar</sup> V
lacksonville	e, Florida 32204	L	2001 NAY 24 P 1: 36 SECRETARY OF STATE NLLAHASSEE, FLORIDA	
Jacksonville	(City, State and Zip Code)		OR OR	-
	(Only, Blate and Zip Code)		36 DA	
For further information	ation concerning this m	atter, please call:		
Timothy L. F	lanagan, Esquir	re <sub>at</sub> 904 35	5-0355	_
(Name of Co	ntact Person)	(Area Code and D	aytime Telephone Number)	
Enclosed is a chec	k for the following amo	ount:		
✓ \$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:		MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327 Tallahassee, FL 32314		
2661 Executive Co Tallahassee, FL 3		i alianassee,	FL 32314	

## CERTIFICATE OF DISSOLUTION OF Dealexandris family Limited Partnership

The undersigned, as the General Partners of **DeALEXANDRIS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), file this Certificate of Dissolution with the Florida Secretary of State, pursuant to the provisions of Section 620.1203, Florida Statutes.

- 1. The name of the partnership is **DeALEXANDRIS FAMILY LIMITED PARTNERSHIP**.
- 2. The date of filing of the Certificate of Limited Partnership was September 4, 1998.
- 3. The reason for filing the Certificate of Dissolution is the partners elected to terminate the Partnership at this juncture and the Partnership business has been dissolved.
- 4. This Certificate of Dissolution shall be effective upon filing with the Secretary of State.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Dissolution this 1 day of \_\_\_\_\_\_\_, 2007.

DeALEXANDRIS FAMILY LIMITED PARTNERSHIP

General Partner

ROBERT A. DeALEXANDRIS, Trustee of the ROBERT A. DeALEXANDRIS REVOCABLE TRUST dated February 8, 1990.

General Partner

SHARON A. DeALEXANDRIS, Trustee of the SHARON A. DeALEXANDRIS REVOCABLE TRUST dated February 8, 1995