

A98000002094

(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:

Wrong Item

Office Use Only



500311092215

04/13/18--01002--002 \*\*27.50

03/30/18--01006--005 \*\*25.00

FILED

18 APR 13 PM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2016 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2018

ROBERT LIPSON  
33 LONGSHANK CIRCLE  
EAST FALMOUTH, MA 02536

SUBJECT: LIPSON FAMILY LIMITED PARTNERSHIP  
Ref. Number: A98000002094

We have received your document for LIPSON 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):

There is a balance due of \$27.00.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850)-245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 918A00006539

*Thank you  
See enclosed docs.*

*Rob Lipson  
610-2996624*

COVER LETTER

TO: Registration Section

Division of Corporations

A98000002094

SUBJECT:

LIPSON 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:

ROBERT A. LIPSON

(Contact Person)

NA

(Firm/Company)

33 Longsank Circle

(Address)

EAST FALMOUTH, MA 02536-7905

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert Lipson

(Name of Contact Person)

at

(610)

(Area Code)

2996624

(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

25 PAID check  
27.50 check enc 5/9

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

**CERTIFICATE OF DISSOLUTION**

**FOR**

Lipson 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 09/08/1998, assigned Florida document number AG800002094, hereby submits this Certificate of Dissolution.

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

NO BUSINESS ACTIVITY, NO ASSETS  
NO LIABILITIES, NO NEED FOR  
"BUSINESS" TO EXIST. "CLOSED"  
INACTIVE SINCE APRIL 2017.

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

20806 balance

**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.

Sole PARTNER/Direct-

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

Robert A. Lipson

ROBERT A. LIPSON

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

FILED  
APR 13 PM 8:28  
CLERK OF COURT  
CORPORATE RECORDS  
FLORIDA