

#A98000002112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

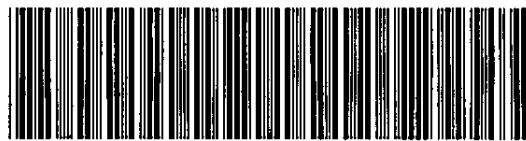
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 DEC 23 PM 4:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 31 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The AVP + CLP Family Partnership LTD
(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:

Gwenith L. Peterson

(Contact Person)

Gen'l Partner. The AVP + CLP Family Partnership LTD.
(Firm/Company)

13567 Isla Vista Drive

(Address)

JAX. FL 32224

(City, State and Zip Code)

For further information concerning this matter, please call:

Gwenith L. Peterson at (904) 708-8387
(Name of Contact Person) General Partner (Area Code and 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

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**

FILED
13 DEC 23 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The AUP + BLP Family Partnership 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 9.14.98, assigned Florida document number A98000002112, hereby submits this Certificate of Dissolution.

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

no longer needed or desired by family.

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

THIRD: Effective date, if other than the date of filing: 12-31-13

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

[Signature], General Partner

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