

#A 98000002112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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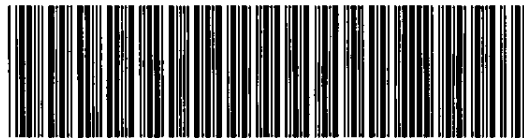
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN - 3 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The ADP + GLP Family Partnership LTD
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gweneth L. Peterson
(Contact Person)

General Partner The ADP + GLP Family Partnership LTD
(Firm/Company)

13567 Isla Vista Drive
(Address)

Jay, FL 32224
(City, State and Zip Code)

For further information concerning this matter, please call:

Gweneth L. Peterson at (904) 708-8384
(Name of Contact Person) (Area Code and Daytime Telephone Number)

General Partner
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF TERMINATION
FOR

The AUP & GLP 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, hereby submits this Statement of Termination.

LA 98000003112

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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

John P. [Signature]

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