

A98000002122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 OCT 31 AM 10:45
J. HARRIS

NOV 01 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crum Family Ltd 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:

Lorraine Smith Esquire
(Contact Person)

Law Office of Lorraine A Smith
(Firm/Company)

401 Wood St, 3rd fl
(Address)

Pittsburgh PA 15222
(City, State and Zip Code)

For further information concerning this matter, please call:

Lorraine A Smith at (412) 456 4700 x 218
(Name of Contact Person) (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**

Crum Family Limited 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 9/14/1988, assigned Florida document number 19800000272 hereby submits this Certificate of Dissolution.

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

relocated to Ohio, reincorporated there

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.)

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

[Signature]
Jody E. Crum

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

FILED
16 OCT 31 AM 10:45
CLERK OF COURT
STATE OF FLORIDA

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:

Crum Family Limited Partnership LTD

Description of information that must be included in a claim:

date incurred, nature of claim,
amount of claim, contact information,
legal representative information, prior
attempts to resolve

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

39830 Barnesville Bethesda Rd
Bethesda OH 43719

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Jody E Crum Jody E Crum
Printed Name Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.

16 OCT 31 AM 10:45

FILED
SECRETARY OF STATE
JAN 9 2017