

A98000002122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 FEB 24 P 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 27 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crum Family Partnership, Ltd  
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Revocation of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Bert Moore, Esquire

Contact Person

Firm/Company

6143 Old Bethel Road

Address

Crestview, FL 32536

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bert Moore

Name of Contact Person

at ( 850 )

689-1603

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  
REVOCATION OF DISSOLUTION  
FOR**

Crum Family Partnership, LTD

Name of Florida Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1812, Florida Statutes, this Florida limited partnership or limited liability limited partnership hereby submits this Certificate of Revocation of Dissolution.

**FIRST:** The effective date of the certificate of dissolution being revoked is:

10/31/2016

**SECOND:** The revocation of dissolution was authorized in the same manner as the dissolution.


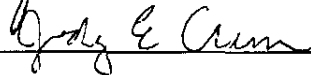
**THIRD:** The revocation of dissolution was authorized on:

10/31/2016

**FOURTH:** Attached is a copy of the certificate of dissolution.

**FIFTH:** 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.:

<u></u>	_____
<u></u>	_____
_____	_____

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$ 8.75</b>

2017 FEB 24 P 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**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 9/14/1998, assigned Florida document number 198000002722 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 STATE  
TALLAHASSEE, FLORIDA