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## **COVER LETTER**

TO: Registration Section . Division of Corporations
SUBJECT: SANDY Palm FLP (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:
Theodore J Lemell (Contact Person)
Soudi Palm FCP Mul L
4724 Hansard Au PUB 7362
(Firm/Company)  4724 Hansard Au  North Port Fla 34227  North Port Fla
(City, State and Zip Code)  For further information concerning this matter, please call:
For further information concerning this matter, please call:  1ed Lenel at (941) 661 4416
(Name of Contact Person)  (Area Code and Daytime Telephone Number)  Enclosed is a check for the following amount:
\$52.50 Filing Fee  \$\int \\$61.25 Filing Fee
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

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	٦)
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 (29/21/98), hereby submits this Certificate of Dissolution.	
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)	٠
SECOND. TI A Nation of District Annual A	
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 Harida P Department of State.)	<u>n</u>
Signatures of each general partner or the person appointed pursuant to  s. 620.1803(3) or (4), F.S.:  Signatures of each general partner or the person appointed pursuant to  Signatures of each general partner or the person appointed pursuant to  Signatures of each general partner or the person appointed pursuant to	ロフ
Filing Fee: Certified Copy (optional): Certificate of Status (optional): \$52.50  \$52.50	