

A9800000287

(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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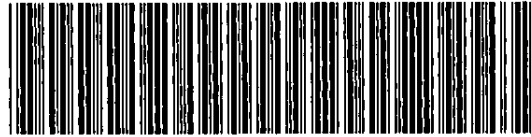
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EXAMINER



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09/26/12--01008--001 **61.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 AM 8:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARRISON PARTNERS, LIMITED PARTNERSHIP
(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:

LINDA FRANK

(Contact Person)

(Firm/Company)

18691 SE LAKESIDE WAY

(Address)

TEQUESTA, FL 33469

(City, State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 26 AM 8:00

For further information concerning this matter, please call:

LINDA FRANK at (561) 747-3247
(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**

HARRISON PARTNERS, LIMITED PARTNERSHIP

(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 12/28/1998, assigned Florida document number A98000002871, hereby submits this Certificate of Dissolution.

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

DEATH OF 50% PARTNER, GERTRUDE HARRISON

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.:

Linda Frank

Linda Frank, personal rep.

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

FILED STATE
SECRETARY OF CORPORATION
12 SEP 26 AM 8:00

**CERTIFICATE OF DISSOLUTION
FOR**

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Linda Frank _____
Linda Frank, personal rep. _____

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

FILED STATE
SECRETARY OF CORPORATION
12 SEP 28 AM 8:00