

A99000000/68

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

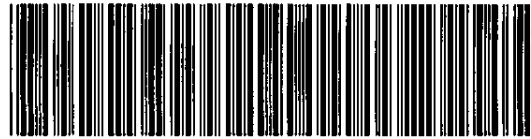
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/01/10--01011--025 **25.00

06/15/10--01001--006 **27.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 11 PM 2:56

T. HAMPTON

JUN 14 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL SANTA MARIA LTD PARTNERSHIP OF PALM BEACH
(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:

MICHAEL SANTA MARIA

(Contact Person)

(Firm/Company)

42 EDINBURGH DR.

(Address)

PALM BEACH GARDENS, FL. 33418

(City, State and Zip Code)

For further information concerning this matter, please call:

MICHAEL SANTA MARIA at (561) 626-5924

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ~~\$52.50~~ Filing Fee
*27.50 BAL

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 JUN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2010

MICHAEL SANTA MARIA
42 EDINBURGH DR
PALM BEACH GARDENS, FL 33418

SUBJECT: SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH
Ref. Number: A99000000168

We have received your document for SANTA MARIA LTD. PARTNERSHIP OF PALM BEACH and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a *breakdown of the fees*. Please return a copy of this letter to ensure your money is properly credited.

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 010A00013767

**CERTIFICATE OF DISSOLUTION
FOR**

Michael SANTA MARIA LTD PARTNERSHIP of PALM BEACH
(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 12/21/1999, assigned Florida document number A99000000168, hereby submits this Certificate of Dissolution.

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

THE LIMITED LIABILITY COMPANY HAS REACHED ITS GOALS
AND IS BEING DISSOLVED UPON WRITTEN CONSENT OF ALL THE PARTNERS
OR MEMBERS

SECOND: . A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 12/20/2009

(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.:

Michael Sant Maria (GENERAL PARTNER)

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

\$52.50

\$52.50

\$8.75

FILED
10 JUN 11 PM 2:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS