

A99 000000 449

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000305154 3)))



H110003051543ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : POPE & BARLOGA, P.A.
 Account Number : I20060000059
 Phone : (850) 784-9174
 Fax Number : (850) 784-9175

2011 DEC 30 AM 8:25
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP
MICHAEL AND MARTHA MCCORMICK LIMITED
PARTNERSHIP**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$61.25

RECEIVED
 11 DEC 30 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

T. CLINE
 JAN - 3 2012
 EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL AND MARTHA MCCORMICK LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Name of Contact person: H. Cranston Pope
Firm/ Company: Pope & Barloga, P.A.
Address: 736 Jenks Avenue
City/State and Zip Code: Panama City, FL 32401

For further information concerning this matter, please call:
H. Cranston Pope at (850) 784-9174
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee \$113.75 Filing Fee
and Certificate of Status and Certified Copy and 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

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

2011 DEC 30 AM 8:26

FILED

**CERTIFICATE OF DISSOLUTION
FOR
MICHAEL AND MARTHA MCCORMICK 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 June 9, 1999, assigned Florida document number A99000000949, hereby submits this Certificate of Dissolution.

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

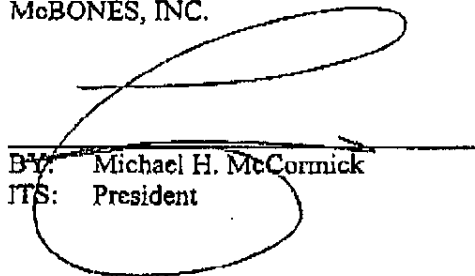
BUSINESS TERMINATED.

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

THIRD: Effective date, if other than the date of filing: N/A
(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.:

McBONES, INC.


BY: Michael H. McCormick
ITS: President

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

2011 DEC 30 AM 8 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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:
Michael and Martha McCormick Limited Partnership

Description of information that must be included in a claim:
Name, Address, Basis of Claim and Supporting Documentation

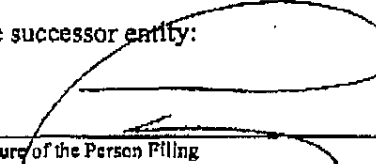
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Michael H. McCormick
213 Cove Terrace Drive
Panama City, FL 32401

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:

Michael H. McCormick
Printed Name of the Person Filing


Signature of the Person Filing

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

2011 DEC 30 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED