

A99000003165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

12/15/08--01096--008 ***61.25

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEC 24 2008

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE DURYEA FAMILY LIMITED PARTNERSHIP, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Charles R.L. White, Esq.
(Contact Person)

(Firm/Company)

941 North A1A
(Address)

Jupiter, FL 33477
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles R.L. White, Esq. at (561) 747-7300
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2008

CHARLES R.L. WHITE ESQ.
941 NORTH A1A
JUPITER, FL 33477

SUBJECT: THE DURYEA FAMILY LIMITED PARTNERSHIP, LTD.
Ref. Number: A99000002165

We have received your document for THE DURYEA FAMILY LIMITED PARTNERSHIP, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 708A00060723

**CERTIFICATE OF DISSOLUTION
FOR**

THE DURYEA 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 December 21, 1999, assigned Florida document number A99000002165, hereby submits this Certificate of Dissolution.

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

Purposes for which Partnership created no longer exist.

Partners desire to dissolve, wind up and liquidate the
Partnership's assets.

SECOND: A Notice of Dissolution is attached.

(Check box if attached.)

THIRD: Effective date, if other than the date of filing: December 31, 2008

(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.:


Dwight J. Duryea
Sole General Partner

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

08 DEC 23 AM 8:25
S E C U R I T Y
T A L L A M A S S E F L O R I D A

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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:

THE DURYEA FAMILY LIMITED PARTNERSHIP, LTD.

Description of information that must be included in a claim:

Name of Claimant, Amount Claimed and Basis of Claim, with

Date Claim Arose.

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

C/O Charles R.L. White, Esq., 941 North A1A, Jupiter, FL

33477

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:

Dwight J. Duryea, Gen. Partner

Printed Name


Signature

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

08 DEC 23 11:8:25
SHERIFF'S OFFICE
STATE OF FLORIDA
LAHASSE, FLORIDA

F I L E D