

A99000002187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

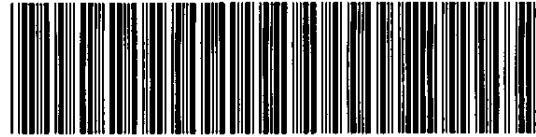
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900289683389

FILED
2016 SEP 19 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/19/16--01004--010 **52.50

RECEIVED
2016 SEP 19
16 SEP 19 AM 11:51
13 ACKNOWLEDGE
SUFFICIENCY OF FILING

K. GALT
EXAMINER
SEP 20

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Southwinds Family Limited Partnership

Signature _____

Requested by: Seth

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ X LTD Partnership File Dissolution
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

CERTIFICATE OF DISSOLUTION FOR
SOUTHWINDS FAMILY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, SOUTHWINDS FAMILY LIMITED PARTNERSHIP, whose certificate was filed with the Florida Department of State on December 22, 1999, assigned Florida document number A99000002187, hereby submits this Certificate of Dissolution.

FIRST: The reason for filing this Certificate of Dissolution is that this Florida limited partnership shall be dissolved pursuant to section 620.1801(1)(a), Florida Statutes, due to the happening of an event specified in the partnership agreement.

SECOND: A Notice of Dissolution is attached.

THIRD: Effective date is the date of filing by the Florida Department of State.

The signature of the general partner of this Florida limited partnership is set forth below:


ST. CLAIR OF VERO BEACH, INC., General Partner
By: James Balog
Its: President

FILED
2016 SEP 19 AM 10:05
CLERK OF STATE
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION FOR
FLORIDA LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership named below, or the successor entity, for resolution of payment of unknown claims against this limited partnership as provided in section 620.1807, Florida Statutes.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

The name of the dissolved Florida limited partnership is SOUTHWINDS FAMILY LIMITED PARTNERSHIP.

Description of information that must be included in a claim:


1. The name of claimant, date of claim, and name of general partner authorizing the claim; and
2. Any notice to the partnership of the claim previously communicated or delivered.

The mailing address where claims can be sent is as follows:

Todd W. Fennell
979 Beachland Blvd
Vero Beach, FL 32963

A claim against SOUTHWINDS FAMILY LIMITED PARTNERSHIP will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of notice.

The signature of the general partner of this Florida limited partnership is set forth below:


ST. CLAIR OF VERO BEACH, INC., General Partner
By: James Balog
Its: President