

LD7000123196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB -4 PM 4:21

MAR 10 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2016

PAUL D BEDERSON
10301 HERONWOOD LANE
WEST PALM BEACH, FL 33412

SUBJECT: SB PARTNERSHIP, LLC
Ref. Number: L07000123196

RECEIVED
2016 MAR -7 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SB PARTNERSHIP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 116A00002531

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03/02/2016

DEAR MS. YOUNG

THANK YOU FOR YOUR ASSISTANCE IN THIS
MATTER. HOPEFULLY, I HAVE NOW COMPLIED WITH
ALL RULES & REGULATION CONCERNING THIS MATTER

RESPECTFULLY SUBMITTED,

PAUL D. BEDERSON CPA

www.sunbiz.org

Paul J. Bederson

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB PARTNERSHIP, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

PAUL D. BEDERSON

(Name of Person)

SB PARTNERSHIP, LLC

(Firm/Company)

10301 HERONWOOD LANE

(Address)

WEST PALM BEACH, FLORIDA 33412

(City/State and Zip Code)

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For further information concerning this matter, please call:

PAUL D. BEDERSON

(Name of Person)

at (561) 775-1801

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SB PARTNERSHIP LLC

2. The Articles of Organization were filed on DECEMBER 11, 2017 and assigned

document number L07000123196

3. The delayed effective date the dissolution if not effective on the date of filing:
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

LIQUIDATION OF ALL ASSETS AND IMMEDIATENESS. TER-
MINATION OF ALL BUSINESS ACTIVITIES AND BANK
ACCOUNTS ON OR BEFORE DECEMBER 31, 2017

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TALLAHASSEE, FLORIDA

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5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

PAUL D. BEORSON
10301 HERWOOD LANE
WEST PALM BEACH, FLORIDA 33412

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:


Signature

PAUL D. BEORSON
Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SB PARTNERSHIP, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL D. BEDERSON

Name of Person

SB PARTNERSHIP, LLC (TERMINATED)

Firm/Company

10301 HERONWOOD LANE

Address

WEST PALM BEACH, FLORIDA 33412

City/State and Zip Code

BECONOMICS @ COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL D. BEDERSON

Name of Person

at (561) 775-1801

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

FIRST: The name of the limited liability company is: SB PARTNERSHIP, LLC

SECOND: The Florida Document number of the limited liability company is: 207000123196

THIRD: The date of filing of the initial articles of organization is: Dec 11, 2007

FOURTH: The date of filing of the dissolution is: DECEMBER 31, 2015

FIFTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

Paul J. Bederson
Signature of Authorized Representative

PAUL D. BEDERSON
Typed or printed name of signature

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Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)