



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to file a Notice of Dissolution for a Florida limited partnership or limited liability limited partnership.

A Notice of Dissolution is not required to dissolve a Florida limited partnership or limited liability limited partnership.

If filed, the Notice of Dissolution must be prepared in compliance with section 620.1807, Florida Statutes, and contain the following:

- (1) The name of the limited partnership or limited liability limited partnership;
- (2) A statement that persons with unknown claims present them in accordance with the notice.
- (3) A description of the information that must be included in a claim.
- (4) A mailing address to which the claim may be sent.
- (5) A statement that a claim against the 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.

The notice must be signed by a general partner or a principal of the successor entity.

A Notice of Dissolution may be filed free of charge with a Certificate of Dissolution. When filed separately, the fee to file the notice is \$52.50. Certified copies of the notice are \$52.50 each. You should total all fees and forward one check made payable to the Florida Department of State for the total amount.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

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

For further information, you may contact the Registration Section at (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(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:

(Contact Person)

(Firm/Company)

(Address)

(City, State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

**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:

_____.

Description of information that must be included in a claim:

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

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 notice.

Signature of a general partner or a principal of the successor entity:

Printed Name

Signature

Filing Fee: \$52.50
Certified Copy (optional): \$52.50