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(Requestor's Name)	
(Address)	6
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

B. KOHR

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**EXAMINER** 

EFFECTIVE DATE\_

## CAPITAL CONNECTION, INC.

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

SCHWARTZ Investmen	<del>(</del> 5)
limited Partnership	
, <b>!</b>	0 40
	EFFECTIVE DATE 11 29/14
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	Art of Inc. File
	•
	Foreign Corp. File
<b>,                                    </b>	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	BA 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
gnature	Vehicle Search
	Driving Record
equested by: ()	UCC 1 or 3 File
11-47 HILL	UCC 11 Search
ame Date Time	UCC 11 Retrieval

## CERTIFICATE OF DISSOLUTION FOR

	Partnership or Limited Liability Limited Partnership)	
partnership or limited liability limit Florida Department of State on OC	n 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the TOBER 6, 2000, assigned Florida, hereby submits this Certificate of	NSWA 53 PA 1:46
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	23 %
The General Partner and each of the L	imited Partners have agreed that it is in their respective	_ P
best interest to dissolve the Limited Pa	ırtnership.	1.6
		, <b>\</b>
	•	<del></del>
SECOND: A Notice of Disso (Check box if atta)  THIRD: Effective date, if other than the of	ched.)	29/09
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by the Flor	ida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
	SCHWARTZ INVESTMENTS, INC.	
	By Juida G. Rosenbaum, Pres LINDA G. ROSENBAUM, Pr	<u>.</u> esident
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	<del></del>



## 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:

SCHWARTZ INVESTMENTS LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name, mailing address, street address, and telephone number of claimant.

Nature of the claim.

Amount of the claim.

Evidence of the indebtedness and/or claim.

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

MORRIS ENGELBERG, ESQUIRE

M. ENGELBERG & L. MILGRIM, P.A.

4040 SHERIDAN STREET

HOLLYWOOD, FLORIDA 33021

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:

SCHWARTZ INVESTMENTS, INC.

Printed Name General Partner

Signature Linda G. Rosenbaum

President

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