

A 13000000 29%

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

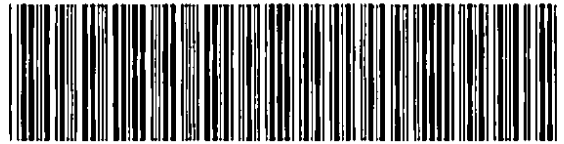
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/11/19--010101--000 \$52.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUN 11 AM 11:23

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JUN 24 2019

T SCHROEDER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MOST WANTED BEVERAGES, LLLP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:

SAMUEL A. RUBERT
(Contact Person)

SAMUEL A. RUBERT, P.A.
(Firm/Company)

2645 EXECUTIVE PARK DRIVE, SUITE 122
(Address)

WESTON, FLORIDA 33331
(City, State and Zip Code)

For further information concerning this matter, please call:

SAMUEL A. RUBERT at ( 954 ) 640-0296
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- Selected filing fee options: \$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

**CERTIFICATE OF DISSOLUTION  
FOR**

**MOST WANTED BEVERAGES, LLLP**

(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 06/07/2013, assigned Florida document number A13000000296, hereby submits this Certificate of Dissolution.

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

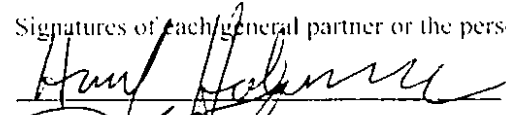

SALE OF ALL ASSETS

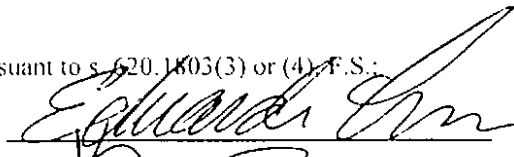
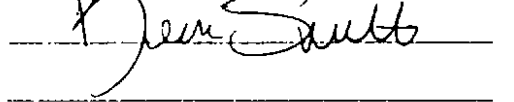
**SECOND:**  A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

  
\_\_\_\_\_  


  
\_\_\_\_\_  


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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
19 JUN 11 AM 11:28

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