

A96000000505

Fowler White Boggs Banker

(Requestor's Name)

P.O. Box 1438

(Address)

(Address)

Tampa, FL 33601

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

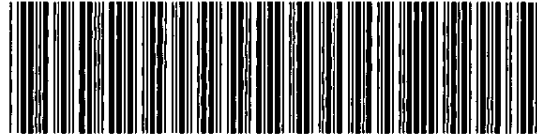
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200117741122

02/14/08--01012--011 **210.00

FILED
08 FEB 14 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan FEB 15 2008



FOWLER WHITE BOGGS BANKER

ATTORNEYS AT LAW

ESTABLISHED 1943

February 11, 2008

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Re: Mazourek Enterprises, Ltd.

Dear Sir/Ma'am:

Enclosed please find original Certificate of Dissolution and Statement of Termination for the above-captioned limited partnership, along with our firm check in the amount of \$210.00 to cover the following:

Filing Fees	\$105.00
Certified Copy Fees	<u>105.00</u>
	\$210.00

We would appreciate your filing the Certificate of Dissolution and Statement of Termination, certifying a copy of each, and returning the certified copies to us.

Thank you for your assistance.

Sincerely,


E. Jackson Boggs

EJB\dl
Enclosure

40013978v1

FOWLER WHITE BOGGS BANKER P.A.

TAMPA • ST. PETERSBURG • FORT MYERS • TALLAHASSEE • ORLANDO • NAPLES • BONITA SPRINGS • JACKSONVILLE • FORT LAUDERDALE

501 EAST KENNEDY BLVD., SUITE 1700 • TAMPA, FLORIDA 33602 • P.O. BOX 1438 • TAMPA, FL 33601

**CERTIFICATE OF DISSOLUTION
FOR**

FILED

08 FEB 14 PM 12:38

Mazourek Enterprises, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 March 15, 1996, hereby submits this Certificate of Dissolution.

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

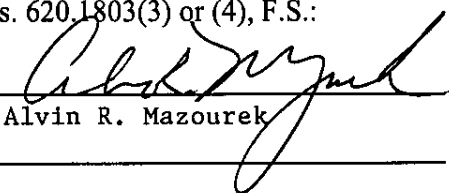
complete liquidation of partnership

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

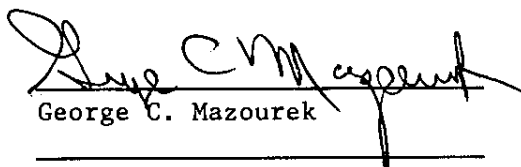
THIRD: Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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



Alvin R. Mazourek



George C. Mazourek

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