

A96000001967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

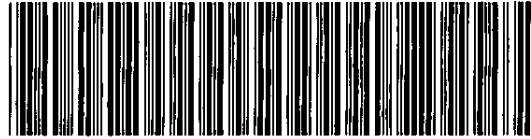
(Business Entity Name)

(Document Number)

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

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2018 APR 23 AM 9:46

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APR 24 2018  
J. HARRIS

# CAPITAL CONNECTION, INC.

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

MARMORSTEIN FAMILY PARTNERSHIP

NO. II, LTD.

Signature \_\_\_\_\_

Requested by: BA

4/23/18

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA 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 \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

**CERTIFICATE OF DISSOLUTION  
FOR  
MARMORSTEIN FAMILY PARTNERSHIP NO. II, LTD.**

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on October 21, 1996 and assigned Florida document number A96000001967 hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: The limited partnership has completed winding up its affairs and has no further business activities, assets or unsatisfied liabilities.

**SECOND:** A Notice of Dissolution is attached.

**THIRD:** The Effective date of this **CERTIFICATE OF DISSOLUTION** is the date of filing with the Florida Department of State.

**Signature of General Partner:**

MARMORSTEIN FAMILY ENTERPRISES, INC.

By: Amy Davis      4/20/18  
AMY DAVIS, PRESIDENT      Date

2018 APR 23 AM 9:45  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION  
FOR  
MARMORSTEIN FAMILY PARTNERSHIP NO. II, LTD.**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in s. 620.1807, F.S.

**Name of Dissolved Limited Partnership:**

MARMORSTEIN FAMILY PARTNERSHIP NO. II, LTD.

**Description of information that must be included in a claim:** i. Name/Address/Full contact Information of Claimant; ii. Date of claim; iii. Amount of Claim; iv. Copy of necessary documentation of claim.

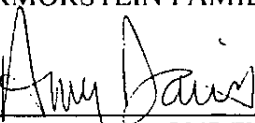
**Mailing address where claims can be sent:**

Marmorstein Family Partnership No. II, Ltd. (Dissolved)  
c/o Lee J. Osiason, Esq.  
201 Alhambra Circle  
Suite 1205  
Coral Gables, FL 33134

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 General Partner:**

MARMORSTEIN FAMILY ENTERPRISES, INC.

By:   
AMY DAVIS, PRESIDENT

4/20/18  
Date  
FILED  
2018 APR 23 AM 9:46  
CLERK OF COUNTY OF DADE  
CORAL GABLES, FLORIDA