

A9900000355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

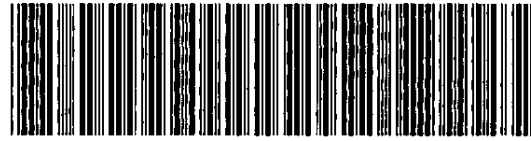
(Business Entity Name)

(Document Number)

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

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06/24/10--01024--018 \*\*61.25

FILED

2010 JUN 24 PM 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 25 2010

EXAMINER

# Jack L. Herskowitz, P.A.

9100 SOUTH DADELAND BOULEVARD  
ONE DATRAN CENTER,  
PENTHOUSE ONE, SUITE 1704  
MIAMI, FLORIDA 33156  
TELEPHONE NUMBER (305) 670-0101  
FACSIMILE NUMBER (305) 663-3250

**JACK L. HERSKOWITZ**  
BOARD CERTIFIED IN CIVIL TRIAL LAW

**LORI H. FRIEDMAN**  
OF COUNSEL

June 21, 2010

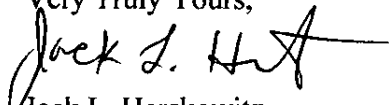
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Certificate of Dissolution  
Herskowitz Family Partnership, LTD.

Dear Sir/ Madam:

I am enclosing herein the Certificate of Dissolution for Herskowitz Family Partnership, Ltd. As well as a check in the amount of \$61.25 representing the filing fee and Certificate of Status. Please forward to me a Certificate indicating that the above Corporation has been dissolved. I look forward to hearing from you.

Very Truly Yours,



Jack L. Herskowitz

JLH/laf  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HERSKOWITZ FAMILY PARTNERSHIP, LTD.

(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:

Jack L. Herskowitz

(Contact Person)

(Firm/Company)

13038 Miranda Street

(Address)

Coral Gables, FL 33156

(City, State and Zip Code)

For further information concerning this matter, please call:

Jack L. Herskowitz at ( 305 ) 670-0101

(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

**CERTIFICATE OF DISSOLUTION  
FOR**

**HERSKOWITZ FAMILY PARTNERSHIP, LTD.**

(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 03/05/1999, assigned Florida document number A9900000355, hereby submits this Certificate of Dissolution.

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

The above legal entity is no longer needed and has no assets or liabilities.

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**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.:

Jack L. Heit  
General Partner

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

2010 JUN 24 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED