

A14000000 241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

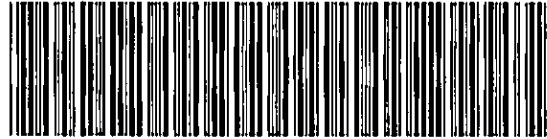
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200322539552

01/03/19--01006--009 ++\$2.50

RECEIVED

JAN 02 2019

FILED  
2019 JAN -2 AM 10:53  
STATE OF FLORIDA  
TALLAHASSEE, FL

C. GOLDEN

JAN 12 2019

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** LOPEZ FAMILY PARTNERSHIP LTD.

(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:

Elaine Santiago

(Contact Person)

Cornerstone Group

(Firm/Company)

2100 Hollywood Blvd.

(Address)

Hollywood, FL 33020

(City, State and Zip Code)

For further information concerning this matter, please call:

Elaine Santiago

at ( 786 ) 709-2269

(Name of Contact Person)

(Area Code)

(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**

LOPEZ 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 05/08/2014, assigned Florida document number A14000000241, hereby submits this Certificate of Dissolution.

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

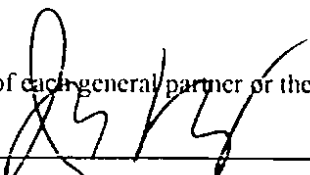
Entity not in use.

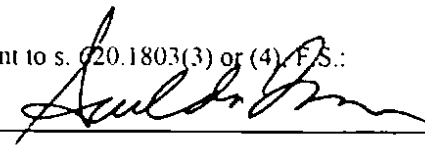
**SECOND:** ☐ A Notice of Dissolution is attached.  
(Check box if attached.)

**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.:

  
\_\_\_\_\_  
Jorge Lopez

  
\_\_\_\_\_  
Awilda Lopez

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

**FILED**  
2019 JAN -2 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FL