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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

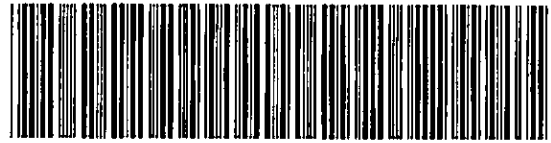
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 27 PM 1:36

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LAW OFFICES

M. ENGELBERG & L. MILGRIM, P.A.

JOE DIMAGGIO SUITE
1920 E. HALLANDALE BEACH BOULEVARD, SUITE 806
HALLANDALE BEACH, FLORIDA 33009-4726

MORRIS ENGELBERG
MEMBER: FLORIDA & NEW YORK BAR
EMAIL: morris_engelberg@bellsouth.net

LAURIE E. MILGRIM
MEMBER: FLORIDA BAR
EMAIL: laurienmilgrim@gmail.com

TELEPHONE (954) 966-3900
FAX (954) 981-2300

EMAIL: engelbergmilgrim@bellsouth.net

December 24, 2019

Via Federal Express

Florida Department of State
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: HADDEN FAMILY LIMITED PARTNERSHIP
Certificate of Dissolution With Notice

Dear Sir/Madam:

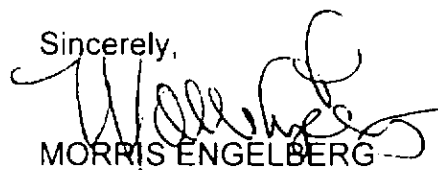
We are enclosing the following documents in connection with the dissolution of Hadden Family Limited Partnership to be effective December 31, 2019:

1. An original and one copy of the Certificate of Dissolution with Notice for Hadden Family Limited Partnership.
2. Our law firm's trust account check in the amount of \$105.00 representing the filing fee and fee for certified copy.
3. Cover Letter.

Please file the enclosed and return a certified copy us.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,


MORRIS ENGELBERG
For the Firm

ME/g

Enclosures

cc: Robert A. Hadden, Trustee
William B. Hadden Trust UWO Louise F. Hadden, General Partner
Jennifer S. Hadden

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: HADDEN FAMILY LIMITED PARTNERSHIP

(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:
MORRIS ENGELBERG, ESQUIRE

(Contact Person)

M. ENGELBERG & L. MILGRIM, P.A.

(Firm/Company)

1920 E. HALLANDALE BEACH BLVD., SUITE 806

(Address)

HALLANDALE BEACH, FLORIDA 33009

(City, State and Zip Code)

For further information concerning this matter, please call:

GLENIE BYRD

at (

954

966-3900

(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**

2019 DEC 27 PM 1:35

HADDEN FAMILY LIMITED PARTNERSHIP

(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 03/26/1997, assigned Florida document number A9700000725, hereby submits this Certificate of Dissolution.

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

All of the partners deem it in their respective best interests to liquidate and dissolve the partnership as

permitted by its limited partnership agreement.

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

THIRD: Effective date, if other than the date of filing: December 31, 2019
(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.:

ESTATE OF WM. B. HADDEN
By: [Signature]
MORRIS ENGELBERG
PERSONAL REPRESENTATIVE

WM. B. HADDEN TR UWO LOUISE F. HADDEN
By: [Signature]
ROBERT A. HADDEN, TRUSTEE

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

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

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

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
HADDEN FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

Name, mailing address, street address and telephone number of claimant.

Nature and amount of claim.

Evidence and indebtedness and/or claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

MORRIS ENGELBERG, ESQ., M. ENGELBERG & L. MILGRIM, P.A.

1920 E. HALLANDALE BEACH BOULEVARD, SUITE 806


HALLANDALE BEACH, FLORIDA 33009

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 a general partner or a principal of the successor entity:

WM. B. HADDEN TR UWO LOUISE F.
HADDEN, GENERAL PARTNER

Printed Name

By: 
Signature
ROBERT A. HADDEN, TRUSTEE

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.