A16000000209

| (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; | | | |
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Office Use Only



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APPROVED AND FILED 2022FEB - 1 AM 8: 2

COVER LETTER

| TO: Regi | stration Section | | | |
|---|--|----------------------------------|---|--|
| Division of | Corporations | | | |
| SUBJECT: | MABER HOLDINGS LLLP | | | |
| | (Name of Florida Limited | Partnership or Limited Liability | Limited Partnership) | |
| | d Certificate of Dissolution all correspondence concentrates | ` ' | tted for filing. | |
| | (Co | ontact Person) | | |
| MAGNO & A | SSOCIATES, PL | | | |
| | (Fi | пп/Сотрапу) | | |
| 1200 BRICKE | ELL AVE STE 1220 | | | |
| | (| Address) | | |
| MIAMI, FL 3 | 3131 | | | |
| | (City, Sta | ate and Zip Code) | | |
| For further i | information concerning thi | s matter, please call: | | |
| PALOMA ME | ENEZES | 305 at (| 379-4400) | |
| | (Name of Contact Person) | (Area Code) | (Daytime Telephone Number) | |
| Enclosed is | a check for the following: | amount: | | |
| \$52.50 Fili | ng Fee S61.25 Filing Fee and Certificate o Status | | | |
| STREET ADDRESS: | | MAILI | NG ADDRESS: | |
| Registration | | | Registration Section | |
| Division of Corporations Clifton Building | | | Division of Corporations P. O. Box 6327 | |
| 2661 Executive Center Circle | | | Tallahassee, FL 32314 | |

Tallahassee, FL 32301

Magno & Associates, P.L. Attorneys at Law

1200 Brickell Ave Suite 1220 Miami, Florida 33131

January 28, 2022

Phone: (305) 379-4400 Fax: (305) 379-4802

Email: emagno@magnolaw.com

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Attn: Kyle D Brumbley

Re: Letter Number 422A00001745 (Maber Holdings LLLP)

Dear Mr. Brumbley,

Please find attached to this complete and signed Certificate of Dissolution for Maber Holdings LLLP (Ref. Number A16000000209). Kindly acknowledge receipt of the attached documents by signing and dating the enclosed copy of this letter and returning same to my attention in the enclosed self-addressed envelope. Should you have any questions, please give us a call. Thanking you in advance.

CERTIFICATE OF DISSOLUTION FOR

| MABER HOLDINGS LLLP | | |
|---|--------------------------------|--|
| (Name of Florida Limited Partnership o | or Limited Liability Limited F | °artnership) |
| Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on APR document number A16000000209 Dissolution. | ted partnership, whose c | ertificate was filed with the assigned Florida |
| FIRST: Reason for dissolution: (| State why partnership is | submitting dissolution) |
| MEMBERS ARE WINDING-UP THE CO | OMPANY'S AFFAIRS. | |
| | | |
| | | |
| SECOND: A Notice of Disso (Check box if a | | |
| (Check box ii a | ittaciica.) | |
| THIRD: Effective date, if other than th | e date of filing: 12.23.2021 | |
| (Effective date cannot be prior to nor mor. Department of State.) | e than 90 days after the date | this document is filed by the Florida |
| Note: If the date inserted in this block doe | | |
| not be listed as the document's effective d | ate on the Department of Stat | e's records. |
| | | |
| Signatures of each general partner or the p | person appointed pursuant to | s. 620.1803(3) or (4), F.S.: |
| | _ | |
| ron chooping | | |
| | | |
| Filing Fee: | \$52.50 | 2022 550 7.3.11 |
| Certified Copy (optional): Certificate of Status (ontional): | \$52.50 \$8.75 | |