A000000431

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	= #)
_		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



100292671341

11/28/16--01003--004 **52.50



D. SCOTT NOV 3 0 2016

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: CLAIRE J MULHOLLAND JR 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:

WILLIAM COLTHAR	T		
	(Contact Person)		
DUGAN COLTHART	& ZOCH PA		
12	(Firm/Company)		
161 MCKNILEY STR	REET		
	(Address)		A CO
CLOSTER NJ 07624	,		RETURN
	(City, State and Zip Code)		28 SS
For further informa	ntion concerning this ma	-	07-6270 PR 12: 47
(Name of Cor	ntact Person)	(Area Code and	Daytime Telephone Number)
Enclosed is a check	t for the following amo	unt:	
✓ \$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 ADDRE	ess:	MAILING	ADDRESS:
Registration Sectio		Registration	
Division of Corpor	ations	Division of	Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION **FOR**

(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 MARCH 8, 2000 , assigned Florida document number A00000000431 , hereby submits this Certificate of Dissolution.			
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)			
CEASED OPERATIONS			
SECOND: A Notice of Dissolution is attached. (Check box if attached.)			
THIRD: Effective date, if other than the date of filing: NOVEMBER 30, 2016			
(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.: Lain Mullwllad 28	FILE		
FLERIDA TE LA			
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75			