

To: 8506776381

From: James J. Flick

12-11-18 9:51am p. 2 of 4

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FLICK LAW GROUP, P.L.L.C.
Account Number : 120100000023
Phone : (407)273-1045
Fax Number : (407)273-1058

DISS/TERM/CANCEL/REV OF LP/LLP
MCCALL FAMILY LIMITED LIABILITY PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

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**CERTIFICATE OF DISSOLUTION
FOR**

McCall Family Limited Liability 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 8/09/2000, assigned Florida document number A00000001254, hereby submits this Certificate of Dissolution:

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

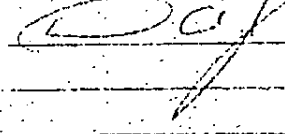
The decision of the General Partners with the consent of the Limited Partners holding a

majority in interest of the Limited Partners' interests.

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.:



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

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**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:
McCall Family Limited Liability Limited Partnership

Description of information that must be included in a claim:

All Claims must be presented in writing and must contain sufficient information reasonably to inform the Partnership of the identity of the claimant and the substance of the Claim.

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

Flick Law Group, PLLC

3700 South Conway Road, Suite 100

Orlando, FL 32812

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:

DAVID A. JONES

Printed Name

Signature

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

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