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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

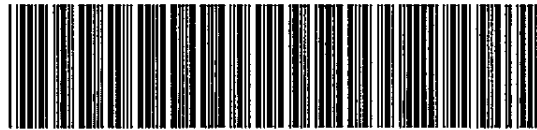
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LAW OFFICES OF
NELSON & LEVINE, P.A.

Barry A. Nelson
Fellow, American College of
Trust and Estate Counsel
Master of Laws in Taxation
Board Certified Taxation &
Wills, Trusts & Estates

Marcia E. Levine
Master of Laws in Taxation

Ritu Mauskar

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OF COUNSEL

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Master of Laws in Taxation
Board Certified Taxation

Judith S. Nelson
Former Judge of Compensation Claims

Mirlene E. Dubreuz
Office Manager

February 17, 2006

CERTIFIED MAIL 71054522644000000400
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: RS Family Limited Partnership
Our File No.: 904 (L.2)

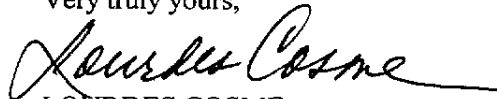
Dear Sir/Madam:

I have enclosed the following documents for filing:

- (i) Certificate of Dissolution for RS Family Limited Partnership which has been signed in counterparts along with a check made payable to the Florida Department of State in the amount of \$52.50 to cover the filing fees, and
- (ii) Statement of Termination for RS Family Limited Partnership which has been signed in counterparts along with a check made payable to the Florida Department of State in the amount of \$52.50 to cover the filing fees.

Please acknowledge receipt of the enclosed documents by signing the acknowledgement copy of this letter and returning it to me. I have enclosed a self-addressed return envelope for your convenience.

Very truly yours,



LOURDES COSME
Assistant to Marcia E. Levine

/lc

Enclosures

H:\CLIENTS\SCHAEFER\LETTERS\2006-2-17 DIV OF CORP DOC

Receipt of the Certificate of Dissolution and Statement of Termination for RS Family Limited Partnership as well as two checks each in the amount of \$52.50 are hereby acknowledged this _____ day of _____, 2006.

DEPARTMENT OF STATE

By: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RS FAMILY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marcia E. Levine, Esq.
(Contact Person)

Nelson & Levine, P.A.
(Firm/Company)

2775 Sunny Isles Blvd., Suite 118
(Address)

North Miami Beach, FL 33160
(City, State and Zip Code)

For further information concerning this matter, please call:

Marcia E. Levine at (305) 932-2000
(Name of Contact Person) (Area Code and 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

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STATEMENT OF TERMINATION
FOR


RS 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 September 12, 2000, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


E. BONNIE SCHAEFER, CO-PRESIDENT,
SCHAEFER FAMILY HOLDINGS, INC.,
GENERAL PARTNER

MARLA L. SCHAEFER, CO-PRESIDENT,
SCHAEFER FAMILY HOLDINGS, INC.,
GENERAL PARTNER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 FEB 22 PM 3:01

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