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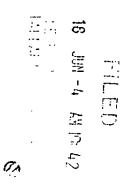
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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#### COVER LETTER

<b>ΓO</b> : Registration Section	
Division of Corporations	
SUBJECT: Sunkiss Citrus Ltd. (Name of Florida Limited)	Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolutio Please return all correspondence conc Philip P. Safron	n and fee(s) are submitted for filing. erning this matter to:
(C	ontact Person)
(F	irm/Company)
1384 Tremont Terrace	
	Address)
Port Charlotte, FL 33953	
(City, St	ate and Zip Code)
For further information concerning th	is matter, please call:
Philip P. Safron	941 626-1462 at ()
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following	amount:
\$52.50 Filing Fee S61.25 Filing Fe and Certificate of Status	
OTBEET ABBBECC	MAILING ADDDESS.

#### 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

Sunkiss Citrus Lid.	
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)
	n 620.1203. Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the ober 11, 2000, assigned Florida hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
The happening of an event specified in the	e partnership agreement. See s. 620.1801(1), F.S.
SECOND: A Notice of Disso (Check box if a	
Department of State.)	s not meet the applicable statutory filing requirements, this date will
Signatures of eaging general martner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$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: Sunkiss Citrus Ltd. Description of information that must be included in a claim: The basis of the alleged claim; the claimant's name and mailing address; the amount of the alleged claim and the date the alleged claim arose; whether the claim is currently due or involves an uncertainty and, if not due, then the due date and, if contingent or unliquidated, the uncertainty's nature Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State ) Philip P. Safron, 1384 Tremont Terrace, Port Charlotte, FL 33953 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: Philip P. Safron, General Partner Printed Name

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