A00000001654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

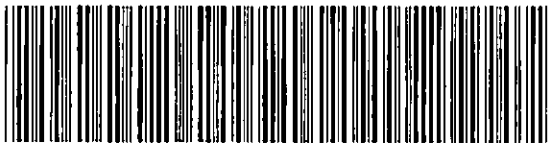
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900430976429

FILED
2024 JUL -3 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL -3 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 07/03/24
Order #: 1548468-1
Re: Hansen Family Capital, Ltd.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:
Application for Dissolution/Cancellation/Termination
Amount to be deducted from our State Account: $52.50 - FL State Account Number: I20000000195
AUTH

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Hansen Family Capital, Ltd.
(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:

Charles M. LeSchack
(Contact Person)

Cummings & Lockwood LLC
(Firm/Company)

Six Landmark Square, 8th Floor
(Address)

Stamford, CT 06901
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles M. LeSchack at (203) 351-4418
(Name of Contact Person) (Area Code) (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

CERTIFICATE OF DISSOLUTION
FOR

FILED

2024 JUL -3 PM 12:09

HANSEN FAMILY CAPITAL, LTD.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 10/31/2000, assigned Florida document number A00000001654, hereby submits this Certificate of Dissolution.

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

All partners have determined it is in the best interests of the partnership to distribute all of its assets to each of the partners.

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.:

Kristen Hansen — Kristen E Hansen

Steven R. Hansen

Mark E. Hansen

Filing Fee:	**$52.50**
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$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:
HANSEN FAMILY CAPITAL, LTD.

FILED
2024 JUL -3 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Description of information that must be included in a claim:
Identity of claimant, date of claim, amount of claim, contact information

Additional information to reasonably determine the substance of claim

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
2089 Thorntree Lane

Palatine, IL 60067

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.

MARK E HANSEN
Printed Name

Signature

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

CSC DIS-22731