

(Re	questor's Name)		
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Northro	p Family Limited Partnership
Name of Florida Limited F	Partnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment	and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to:
Christian M. Flemin	g
Contact Person	
Fleming & Fleming, Pl	LC .
Firm/Company	
11891 US Highway One, S	Suite 100
Address	
North Palm Beach, FL 3	
City, State and Zip Code	
cfleming@lawpalmbeac	h.com
E-mail address: (to be used for future annu	al report notification)
For further information concerning this t	matter, please call:
Christian M. Fleming	at (561) 622-2700
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following am	nount:
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee \$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Registration Section	
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

The Northrop Family Limit	ed Partnership	· · · · · · · · · · · · · · · · · · ·
(Name of Florida Limited	Partnership or Limited Liability Limited Partnership	rtnership)
	on 620.1203, Florida Statutes, this F	
	ited partnership, whose certificate wa	
Florida Department of State on 2/		signed Florida
document number A01000000231	, hereby submits this Cert	ificate of
Dissolution.		
FIRST: Reason for dissolution:	(State why partnership is submitting	dissolution)
Transfer of all assets and winding up	of business affairs.	
		15 @ = **
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		5
SECOND: A Notice of Diss	solution is attached.	-Ti
(Check box if attached.)		
(5 7
THIRD: Effective date, if other than the	date of filing:	
(Effective date cannot be prior to nor mor Department of State.)	re than 90 days after the date this document	is filed by the Florida
Signatures of each general partner	or the person appointed pursuant to	
s. 620 ₁ 1803(3) or (4), F.S.:		
welling low by		
x Clarification & pagus		
,		
		
		
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: The Northrop Family Limited Partnership Description of information that must be included in a claim: Name of Claimant Address of Claimaint **Amount of Claim** Nature of Claim Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Fleming & Fleming, PLLC 11891 US Highway One, Sulte 100 North Palm Beach, FL 33408 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: Ellen Joan Najarian Printed Name

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