

A01 00000 1204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

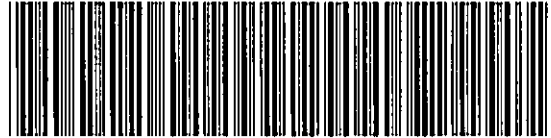
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Emailed correction was submitted
by Tiffany S. on 5/4/20

Office Use Only



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S TALLENT
MAY 04 2020

2020 MAY -4 PM 12:06

Certificate of
V/D



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2020

TIFFANY SASSER
6601 LYONS RD SUITE C1
COCONUT CREEK, FL 33073

SUBJECT: MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, NO. 2
Ref. Number: A01000001204

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL THREE GENERAL PARTNERS MUST SIGN THE DOCUMENT.

THE NOTICE OF DISSOLUTION IS AN OPTIONAL FORM TO COMPLETE. OTHERWISE A DESCRIPTION OF A CLAIM MUST BE INCLUDED, SUCH AS AMOUNT, REASON FOR CLAIM, ETC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 520A00007305

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, No 2

(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:

Tiffany Sasser

(Contact Person)

(Firm/Company)

6601 Lyons Rd Suite C1

(Address)

Coconut Creek, FL 33073

(City, State and Zip Code)

For further information concerning this matter, please call:

Tiffany Sasser

954

562-4418

at (

(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**

MICHAEL J. FERRERA FAMILY LIMITED PARTNERSHIP, NO.2

(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 4, 2001, assigned Florida document number A01000001204, hereby submits this Certificate of Dissolution.

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

Sold all Real Estate

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.:

[Signature]
[Signature]
Jesse D. Sany

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

2020 MAY -4 PM 12:06