A01 000001630

(Re	questor's Name)			

(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



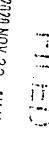
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COVER LETTER

10: Registration Section		
Division of Corporations		
Stokes Family Partnership, LTD SUBJECT:		
(Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolution a Please return all correspondence concern Douglas D Hodson Sr		
(Conta	ct Person)	
Stokes Family Partnership, LTD		
(Firmy	Company)	
PO Box 1345		
(Adu	Iress)	
New Smyrna Beach, Fl 32170		
(City, State a	and Zip Code)	
For further information concerning this r	natter, please call:	
Douglas Hodson	386 235-3865 at ()	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following am	ount:	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

Stokes Family Partnership, LTD			
(Name of Florida Limited Partnership o	r Limited Liabi	lity Limited Partnership)	
Pursuant to the provisions of sectio partnership or limited liability limit Florida Department of State on 12/F document number A01000001630 Dissolution.	ed partnersh 7/2001	ip, whose certificate was	filed with the gned Florida
FIRST: Reason for dissolution: (S	State why pa	rtnership is submitting di	ssolution)
Insolvent, no remaining assets			
SECOND: A Notice of Disso (Check box if a		ched.	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective date.	e than 90 days	after the date this document is applicable statutory filing requ	
Signatures of each general partner or the p	erson appointed M L 1.	d pursuant to s. 620,1803(3) of	
	_		2021
Filing Fee:	\$52.50		29 NOV 23
Certified Copy (optional):	\$52.50		1 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Certificate of Status (optional):	\$8.75		, n <u> </u>

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: Stokes Family Partnership,LTD Description of information that must be included in a claim: date and reason of claim, mailing and contact information Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) Douglas D Hodson PO Box 1345 New Smyrna Beach, FI 32170 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: Douglas D Hoson Sr Printed Name

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