A0200000088

(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:			





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COVER LETTER

10: Registration Section	
Division of Corporations	
SUBJECT: SKOBEL ENTERPRISES, LT	
(Name of Florida Limited I	Partnership or Limited Liability Limited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence concermichael Skobel, Esq.	rning this matter to:
(Сог	ntact Person)
Skobel Law PA	
(Fire	n/Company)
6404 SW 77th Dr	
(A)	ddress)
GAINESVILLE, FL 32608	
(City, State	e and Zip Code)
For further information concerning this	matter, please call:
Michael Skobel	at (352) 224-3692 (Daytime Telephone Number)
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following as	mount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy 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

SKOBEL ENTERPRISES, LTD.			
(Name of Florida Limited Partnership o	r Limited Liabilit	y Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Dec document number A02000000088 Dissolution.	ed partnership ember 3, 2001		the
FIRST: Reason for dissolution: (S	State why partr	nership is submitting dissolution)	
All General Partners have voted to dissolv	e the Partnership	and Limited Partners have joined, conse	nted,
affirmed and voted to dissolve the Partner	ship.		
			
SECOND: A Notice of Dissol (Check box if a		ed.	
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 aft s not meet the ap	plicable statutory filing requirements, this	
Signatures of each general partner or the p SKOBEL ENTERPRISES, L.L.C., G			C., General Partne
Constrato	_	min Skabel	
Barry Skobel, Manager	_	Maya Skobel, Manager	
	_		20 14L
Filing Fee:	\$52.50		24 J
Certified Copy (optional):	\$52.50 \$9.75		: · · · · · · · · · · · · · · · · · · ·
Certificate of Status (optional):	\$8.75		in 1

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 L SKOBEL ENTERPRISES, LTD.	imited Liability Limited Partnership:	<u> </u>
		<u>.</u> .
Description of information that must be inclu	uded in a claim:	7
Accurately describe the potential claim in writing and		Ω. Ω.
	- Than to address out on	
		217.
		1.7
Mailing address where claims can be sent: (6)	Claims cannot be sent to the Florida Department of State.)	
-		
7475 SW 70th Ln, Gainesville, FL 32608		
A claim against the above named limited par will be barred unless a proceeding to enforce 4 years after the filing of the notice.	•	nership
Signature of a general partner or a principal (of the successor entity:	
Barry Skobel	Simple Whole A	1
Printed Name	Signature	

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