

A 0200000048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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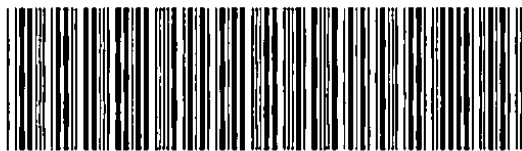
(Business Entity Name)

(Document Number)

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2023 FEB -6 AM 9:06
STATE
TALLAHASSEE, FL

2023 FEB -6 PM 2:00
REGISTRATION OFFICE
TALLAHASSEE, FLORIDA

af 2/7/2023

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/6/2023

NAME: KESSLER FAMILY LIMITED PARTNERSHIP

TYPE OF FILING: DISSOLUTION

COST: 52.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: KESSLER FAMILY LIMITED PARTNERSHIP

(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:

KERRY ANNE SCHULTZ

(Contact Person)

SCHULTZ LAW GROUP

(Firm/Company)

2779 GULF BREEZE PARKWAY

(Address)

GULF BREEZE, FL 32563

(City, State and Zip Code)

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

at (850) 754-1600

(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

FILE

**CERTIFICATE OF DISSOLUTION
FOR**

2023 FEB -6 AM

KESSLER FAMILY LIMITED PARTNERSHIP

SECRET
TALLAHASSEE

(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 03/26/2002, assigned Florida document number A02000000487, hereby submits this Certificate of Dissolution.

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

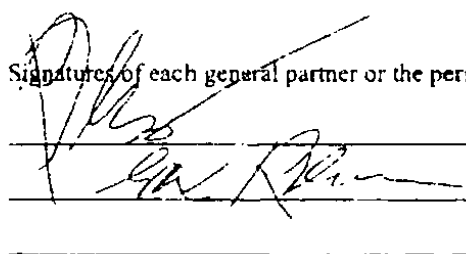
PURSUANT TO UNANIMOUS CONSENT OF ALL PARTNERS

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.:



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