Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000366218 3)))



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SAAVEDRA, GOODWIN

Account Number : 12004000091

Phone

: (954)767-6333

Fax Number

: (954)767-8111

### DISS/TERM/CANCEL/REV OF LP/LLP

#### G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL LLL

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$52.50

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

2010 DEC 28 AM 9: 27

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#### COVER LETTER

10: Registration	1 Section		
Division of Corpor	ations		
SUBJECT: G. MAI		X AMUSEMENT INTERNA	
- <del></del>	(Name of Florida Limited Pa	rmership or Limited Liability Limite	d Participhip)
The enclosed Certi- Please return all co kimberly A. Fenichel	ficate of Dissolution a mespondence concert	and fee(s) are submitted ining this matter to:	for filing.
	(Сови	et Person)	
Saavedra Goodwin			
	(Fum/	Сотроду)	
312 S.E. 17th Street, S	ccond Floor		
	(Add	fras)	<del></del>
Fort Lauderdale, FL 33	316		
	(City, State a	und Zip Code)	
For further informa	tion concerning this r	matter, please call:	
Kimberly A. Fenichel		954 767-0	5333
(Nата	of Contact Pence)		tune Telephone Number)
Enclosed is a check	for the following am	ount:	
\$\$2.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Cartified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES		MAILING A	ADDRESS:
Registration Section Division of Corpora		Registration	
Division of Corpora Clifton Building	inons	Division of C P. O. Box 63	
2661 Executive Cen	iter Circle	Tallahassee	

Tallahassee, FL 32301

(((H18000366218 3)))

#### CERTIFICATE OF DISSOLUTION FOR

G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, LLLP				
(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 April 25, 2002, assigned Florida document number_A02000000520, hereby submits this Certificate of Dissolution.				
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)				
The General and Limited Partners have resolved to dissolve the partnerbip in connetion with the				
reorganization of their operations. A Plan of Liquidiation and Dissolution for the Partnership has been				
adopted by the General and Limited Partners having an effective date of December 31, 2018.				
SECOND: A Notice of Dissolution is attached.  (Check box if attached.)	2010			
(Check box if adached.)				
THIRD: Effective date, if other than the date of filing:  December 31, 2018  Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida.	DEC 28	 ("		
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.	AH 9:	[		
Signature of each general partner or the person appointed pursuant to s. 620, 1303(3) or (4), F.S.:  PIUNRE CLEATER	27			
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75				

## (((H18000366218 3)))

# 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: G. MARTIN & A. VLEMINCKX AMUSEMENT INTERNATIONAL, LLLP

product purchased and the date upon which such as completed.	<i>:</i>
	2:
Mailing address where claims can be sent: (Claims exage) be sent to the Florida Department of S	tate.) (/12-
31096 US HTGHWAY 27, HAINES CITY, FL 33844	<u> </u>
	Ē

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