A0200000549

(Req	uestor's Name)
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	
,		
		100
		CULD

Office Use Only



700111425887

11/05/07--01020--004 **105.00



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: LEONARD ADLER 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:

TODD KLISTO	N			
-	(Contact Person)			
LEONARD AD	LER HOLDINGS	, INC.		
	(Firm/Company)		<u></u>	
8211 W. BRO	WARD BLVD. #3	75	;	
- 1:	(Address)			
PLANTATION	, FLORIDA 3332	4		
	(City, State and Zip Code)			
TODD KLISTO		_at (954) 47	3-4900	
(Name of Cor	ntact Person)	(Area Code and I	Daytime Telephone Number)	
Enclosed is a check	c for the following amo	ount:		
\$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 ADDRE	ess:	MAILING	ADDRESS:	
Registration Section	n	Registration	tion Section	
Division of Corpor	ations		Corporations	
Clifton Building	_, ,	P. O. Box 63	 -	
2661 Executive Ce		Tallahassee,	FL 32314	

CERTIFICATE OF DISSOLUTION FOR

LEONARD ADLER FAMILY LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on AF Certificate of Dissolution.	ted partnership	, whose certificate was filed with the	e his	
FIRST: Reason for dissolution: (State why parti	nership is submitting dissolution)	,	
TERMINATION OF GE	VERAL PA	RTNER	07	
			OT NOV -5 AM II: US SECRETARY OF STATE TALL AFFASSEE FLORID	田田
SECOND: A Notice of Dissolution is attached. (Check box if attached.)			- STATE FLORIDA	3
THIRD: Effective date, if other than the	date of filing: N	OVEMBER 15, 2007	•	
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days aft	er the date this document is filed by the Flo	orida	
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	ppointed pursuant to		
		Josankis-		
	_		—	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			