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2015 APR 17 PH 4: 14

K.SALY EXAMINER APR 2 9 2015

COVER LETTER

TO: Registration S Division of C				
SUBJECT: Sou (Name of I	d Family Prope Florida Limited Partnershi	rhes Ltd. p or Limited Liability Limi	ited Partnership)	
The enclosed Certific	cate of Dissolution and	d fee(s) are submitted t	for filing.	
Please return all corr	espondence concernir	ng this matter to:		
	(Confact Person)			
The Soud Law Firm (Firm/Company)				
1301 Riverplace Blvd., Suite 2450 (Address)				
Vacksonville, FL 32207 (City, State and Zip Code)				
For further information concerning this matter, please call:				
Name of Conta	ucl Fs s.	at (<u>\$0\$4</u>) <u>\$</u> (Area Code and D	53-9000 Paytime 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 ADDRES	S:	MAILING A	ADDRESS:	
Registration Section			Registration Section	
Division of Corporat	•		-	
Clifton Building 2661 Executive Cent				
Tallahassee, FL 323		i ananassee,	rl 32314	

CERTIFICATE OF DISSOLUTION FOR

FILED 2015 APR 17 PM 4:14

Soud Family Properties, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) (Name of Florida Limited Partnership) (Name of Florida 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 <u>April 14, 2014</u> , assigned Florida document number <u>A020000 00955</u> , hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Voluntary dissolution by consent of all, pursuant to F.s. 620. 1801 (b)
SECOND: A Notice of Dissolution is attached. (Check box if attached.)
THIRD: Effective date, if other than the date of filing: 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.)
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:
and David Now Mary Plan General Partner / South Brothers, Ix.
(Individually as Mejority Partner) by: Clay D 1
T4: 1121/200 0
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75