

A02000001390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

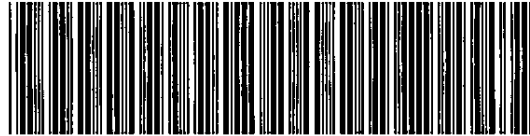
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Haromy Family Limited Partnership, LLLP
(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:

Keith H. Wadsworth
(Contact Person)

Peterson & Myers, P.A.
(Firm/Company)

P.O. Box 1079
(Address)

Lake Wales, FL 33859-1079
(City, State and Zip Code)

For further information concerning this matter, please call:

Keith H. Wadsworth at (863) 676-7611
(Name of Contact Person) (Area Code and 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

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CERTIFICATE OF DISSOLUTION

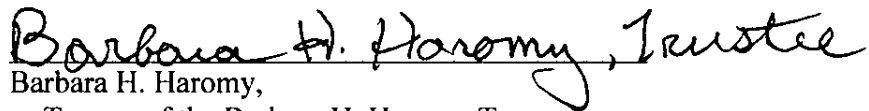
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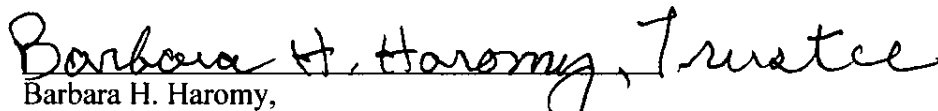
HAROMY FAMILY LIMITED PARTNERSHIP, LLLP


Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida limited liability limited partnership, whose certificate was filed with the Florida Secretary of State on 10/16/2002, assigned document number A02000001390, hereby submits this Certificate of Dissolution.

1. The name of this partnership is Haromy Family Limited Partnership, LLLP, a Florida limited liability limited partnership.
2. The reason for dissolution is that all general partners and limited partners of said partnership have consented to such dissolution and have elected to wind up the partnership affairs.
3. A Notice of Dissolution is attached hereto.
4. The effective Date of this Certificate of Dissolution is July 1, 2016.

Signatures of General Partners:


Barbara H. Haromy,
as Trustee of the Barbara H. Haromy Trust


Barbara H. Haromy,
as Trustee of the John C. Haromy Trust and all
sub-trusts and trust shares thereunder


Katherine H. Woltmann

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TALLAHASSEE, FLORIDA

**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 Section 620.1807, Florida Statutes.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

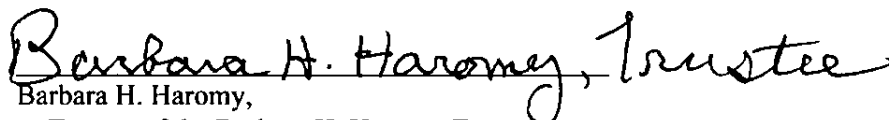
Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
Haromy Family Limited Partnership, LLLP, a Florida limited liability limited partnership.

Description of information that must be included in a claim: The name, address, and contact information of the claimant; the amount of the claim; the date the claim arose; a description of the nature of the claim.

Mailing address where claims can be sent (Claims cannot be sent to the Florida Department of State): Barbara Haromy, 10 Grove Ave., W. Apt. 156, Lake Wales, FL 33853

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or principal of the successor entity:


Barbara H. Haromy,
as Trustee of the Barbara H. Haromy Trust

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TALLAHASSEE, FLORIDA

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