

A03000000343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

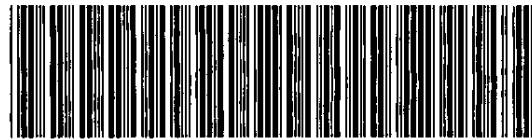
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/17--01019--001 **61.25

O SIMMONS
MAY 23 2017

17 MAY 19 2:19:02



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

JOSEPH HERMAN
9536 SAVONA WINDS DR
DELRAY BEACH, FL 33446

SUBJECT: M&J HERMAN FAMILY LIMITED PARTNERSHIP
Ref. Number: A03000000343

We have received your document for M&J HERMAN FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 917A00008607

2017 MAY 19 AM 11:10

RECEIVED
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

JOSEPH HERMAN
9536 SAVONA WINDS DR
DELRAY BEACH, FL 33446

SUBJECT: M&J HERMAN FAMILY LIMITED PARTNERSHIP
Ref. Number: A03000000343

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Octavia I Simmons
Regulatory Specialist II

Letter Number: 617A00007582

2017 MAY -1 AM 11:57

SR
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M&J Herman family Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph Herman

(Contact Person)

(Firm/Company)

9536 Savona Winds Dr

(Address)

Delray Beach, FL 33446

(City, State and Zip Code)

For further information concerning this matter, please call:

Joseph Herman at (954) 849-4143
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input checked="" type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

CERTIFICATE OF DISSOLUTION
FOR

M & J ^{Herman} Family Limited Partnership

(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 3-3-2003, assigned Florida document number 1103000000343, hereby submits this Certificate of Dissolution.

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

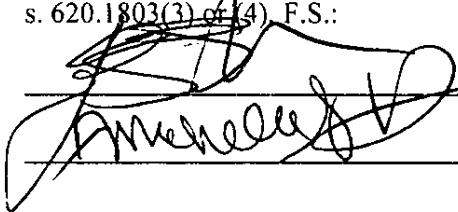
Discontinued Operations

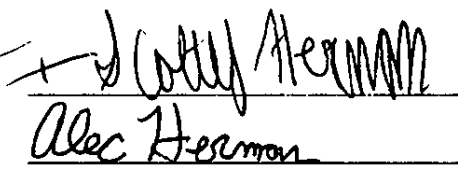
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:




Alec Herman

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

17 MAR 19 21:10:02