## AOSOOOSTH

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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G. McLEOD



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## **COVER LETTER**

TO:	Registration Division of C			
SUBJI	ECT: Mane of	10 & Kasse Florida Limited Partnership	baum p or Limited Liability Limit	led Partnership)
The en	closed Certifi	cate of Dissolution and	d fee(s) are submitted f	or filing.
Please	return all corr	espondence concernin	g this matter to:	
	Ronald	T. Manto (Contact Person)		
		(Firm/Company)		
207	20 Ponc	e de Lon Bly (Address)	d:#1101	
Coro	n 6abl	City, State and Zip Code)		
	(	City, State and Zip Code)		
For fu	rther informat	ion concerning this ma	atter, please call:	
Ron			at (305 ) 90	19-5100 aytime Telephone Number)
Enclos	(Name of Cont sed is a check	for the following amou	,	aytime Telephone Number)
<b>□ \$</b> 52.5	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
Regist Division Cliftor 2661 E	ET ADDRES ration Section on of Corpora n Building Executive Cen assee, FL 323	tions ter Circle	MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

## CERTIFICATE OF DISSOLUTION FOR

Manto & Kass	Partnership or Limited Liability Limite	
(Name of Florida Limited F	Partnership or Limited Liability Limite	ed Partnership)
Pursuant to the provisions of section partnership or limited liability limited Plorida Department of State on document number AO 3 000 00 Dissolution.	ted partnership, whose certificat	te was filed with the , assigned Florida
FIRST: Reason for dissolution: (	State why partnership is submit	
		7 E
SECOND: A Notice of Dissolution is attached.		
(Check box if atta	ached.)	27. <del>m</del>
THIRD: Effective date, if other than the	date of filing:	
	-	20 A
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days after the date this doci	ment is filed by the Florida
Signatures of each general partner s. 620.1803(3) or (4), NS.:	or the person appointed pursuar	nt to
Sono of Mos Lust Hoosel	<u>to</u>	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

## 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:
MANTO & KASSEBAUM, LLP
71.710 4 1013261340111, 111
Description of information that must be included in a claim:
Date of Claim
Account Number or Case Number
Contact information
Name of Legal representative =
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)
GO ROWARD J. MANTO
2020 Ponce De Leon Blud
Svite 1101
Coral gables, FL 33134
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 notice.
Signature of a general partner or a principal of the successor entiry:  ROWALD J. MAW TO Consultation of the successor entiry:
Printed Name Signature
552.50