H0300000///0

_ (1	Requestor's Name)
(/	Address)
(/	Address)
((City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Business Entity Name)
. (1	Document Number)
: Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	A. LUNT
	.IΔN 1.8 2011

EXAMINER

Office Use Only



700218229717

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Aracella Lorenzo 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:
Coral Gables, FL 33146. Coral Gables, FL 33146. (Contact Person) Coral Gables, FL 33146. (City, State and Zip Code)
(City, State and Zip Code) For further information concerning this matter, please call:
Cheorge A. Alvarez Esq at (305) 446-0163 (Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee

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

Certified Copy (optional):	\$52.50 \$52.50	
Aracella Lorenzo, G	eneral Partner.	
Ondin Lorenzo, G		, - (gr) - (gr) - (m.
Signatures of each general partner or ts. 620.1803(3) or (4), F.S.:		
(Effective date cannot be prior to nor more th Department of State.)	nan 90 days after the date this document i	is filed by the Florida
THIRD: Effective date, if other than the date		3
(Check box if attach	,	
SECOND: A Notice of Dissolu		5 SEE
		TO ZAN
		20 At
ACTION BY GEN	VERAL PARTNER	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Unanimous Va ACTION BY GEA	TE BY All OW	UE RS
FIRST: Reason for dissolution: (Sta	te why partnership is submitting d	lissolution)
document number A0300000 Dissolution.	(110) , hereby submits this Certif	ficate of
partnership or limited liability limited Florida Department of State on Audocument number A 0 3 0 0 0 0	partnership, whose certificate was	s filed with the
Pursuant to the provisions of section 6	•	
Name of Florida Limited Part	nership or Limited Liability Limited Part	rership)



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.

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

\$52.50.

Fee: No charge if included with Certificate of Dissolution. If filed separately,

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:		
The Aracella Locenzo Family Limited Parta	erabla	
Description of information that must be included in a claim:		
NAME ADDRESS TELEPHONE NUMBER OF CLA	IMANT	
AMOUNT OF CLAIM		
BRIEF DESCRIPTION OF CLAIM		
	프	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	IIZ JAN 17	- T
Aracella Lorenzo		17
16416 SW NO Terrace	#: ·	
Miani, FL 33193		
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 a years after the filing of the notice.	within	