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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

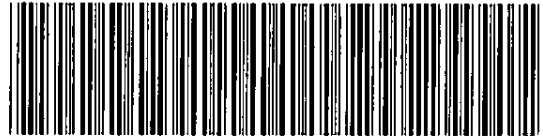
(Business Entity Name)

(Document Number)

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2023 SEP 29 PM 12:53  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: THE M.H. SMITH INVESTMENTS FAMILY  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)  
LIMITED PARTNERSHIP

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to:

MARLENE SMITH  
(Contact Person)

M.H. SMITH INVESTMENTS FAMILY LIMITED PARTNERSHIP  
(Firm/Company)

3784 MYKONAS COURT.  
(Address)

BOCA RATON, FL, 33487  
(City, State and Zip Code)

For further information concerning this matter, please call:

MARLENE SMITH at (954) 263-3632  
(Name of Contact Person) (Area Code) (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

**CERTIFICATE OF DISSOLUTION  
FOR**

The M. H. SMITH INVESTMENTS FAMILY LIMITED  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership) 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 Sept 17, 2003, assigned Florida document number A 03000001355, hereby submits this Certificate of Dissolution.

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

NOT ACTIVE ENTITY / PARTNERSHIP

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

**THIRD:** Effective date, if other than the date of filing: 9/26/23  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Melvin H. Smith (General Partner)

Filing Fee:

~~Certified Copy (optional):~~

Certificate of Status (optional):

\$52.50

\$52.50

\$8.75

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 SEP 29 PM 12:53

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