

AO4000001408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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LP DISSOLUTION

1. Obstgarten Family Limited Partnership

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

File 1st

SPECIAL INSTRUCTIONS:

CERTIFICATE OF DISSOLUTION
FOR

FILED
18 AUG 15 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Obstgarten 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 August 30, 2004, assigned Florida document number A04000001408, hereby submits this Certificate of Dissolution.

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

All assets of the partnership have been distributed to the partners.

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.:

Maria Kuhn
Barbara Kuhn

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