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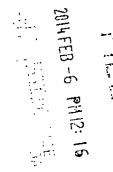
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2014

JACK KRAVITZ 5150 NW 82 TERRACE CORAL SPRINGS, FL 33067

SUBJECT: THE KRAVITZ FAMILY INVESTMENTS LIMITED PARTNERSHIP

Ref. Number: A0400001501

We have received your document for THE KRAVITZ FAMILY INVESTMENTS LIMITED PARTNERSHIP and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tammi Cline Regulatory Specialist II

Letter Number: 614A00002010

COVER LETTER

TO:	Registration Division of	n Section Corporations				
SUBJ		of Florida Limited Partnersl	Family Int	ited Partnership)	HSLEP Parts	re/5
The er	nclosed Certi	ficate of Dissolution a	nd fee(s) are submitted	for filing.		
Please	return all co	rrespondence concerni	ng this matter to:			
_~	acki	(Contact Person)				
5	1501	(Firm/Company)	errace			
Co	ral s	(Address) (City, State and Zip Code)	23306	57	2014 FEB	y or a dig Q Y make the A
For fu	rther informa	ntion concerning this m	natter, please call:	7/11 ~ ?	-6 P	
	(Name of Co	ntact Person)	at (<u>95 9</u>) (Area Code and E	Daytime Telephone ?	Number).	"··,
Enclos	ed is a check	k for the following amo	ount:		a	
□ \$52.5	0 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing Fee and Certified Copy	\$113.75 Filing Certified Copy, a Certificate of Sta	and	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314				

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

The Krawitz Tamily		tments Limit		rership	1
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number	on 620.1203, FI ted partnership.	whose certificate was	ida limited filed with the gned Florida		
Dissolution.	0/	roy subinits this Certific	rate of		
FIRST: Reason for dissolution: (• •	nership is submitting dis	ssolution)		
no business	actro	nty			
SECOND: A Notice of Disso	olution is attack	ned M	1 1	- - 	1
(Check box if atta	iched.)	turning	ch 1,	3017	NX.
(Effective date cannot be prior to nor mor Department of State)	e than 90 days afta	er the date this document is	filed by the Floride	, RI	IK
Signatures of each general partner of s. 620.1803(3) or (4). F.S.:	or the person ap	opointed pursuant to			
AMK navis	:_ _		. 1	- ~2	
Filing Fee:		<u> </u>	•••• <u>••</u> ••	OK FEB	ŧ
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			B - 6 PM 12: 16	
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