

A 05000000270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

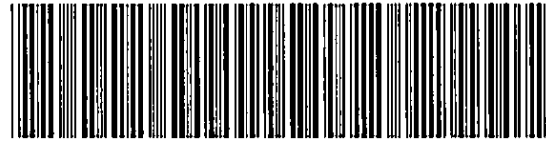
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/06/18--01014--006 \*\*52.50

FILED

18 MAR -6 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ SALY

MAR -7 2018

\_\_\_\_\_  
**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ruiz 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:  
William T. Link, Jr.

\_\_\_\_\_  
(Contact Person)

Reed Mawhinney & Link, PLLC

\_\_\_\_\_  
(Firm/Company)

1611 Harden Blvd.

\_\_\_\_\_  
(Address)

Lakeland, FL 33803

\_\_\_\_\_  
(City, State and Zip Code)

For further information concerning this matter, please call:

William T. Link, Jr. at ( 863 ) 687-1771  
\_\_\_\_\_  
(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**

Ruiz Family Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

**FILED**  
**18 MAR -6 PM 2:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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 January 31, 2005, assigned Florida document number A05000000270, hereby submits this Certificate of Dissolution.

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

The Consent of the General Partner, in accordance with Section 8.2(c) of the Partnership's Partnership

Agreement.

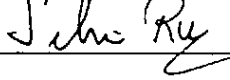
\*Silvia I. Ruiz is the authorized member of Ruiz Family Management, LLC, the G.P. of this partnership

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

**THIRD:** Effective date, if other than the date of filing: February 1, 2018  
(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.:

  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
**18 MAR -6 PM 2:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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:  
Ruiz Family Limited Partnership

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Description of information that must be included in a claim:

All claims must include the claimant's name, claim amount, basis for claim, origination, date of claim, and  
claimant's address, phone number, and email address.

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\*Silvia I. Ruiz is the authorized member of Ruiz Family Management, LLC the G.P. of this partnership

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Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

1973 Heritage Estates Drive

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Lakeland, FL 33803

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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 the notice.

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

Silvia I. Ruiz\*

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Printed Name



Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**