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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WHITEBIRD JOHN

Account Number : 120210000078

Phone : (321)327-5580

Fax Number : (321)327-5655

DISS/TERM/CANCEL/REV OF LP/LLP ANDERSON FAMILY LIMITED PARTNERSHIP

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

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## CERTIFICATE OF DISSOLUTION FOR

Anderson Family Limited Partnership	
(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)
Pursuant to the provisions of sect partnership or limited liability lin Florida Department of State on M document number A0500000901 Dissolution.	nited partnership, whose certificate was filed with the lay 6, 2005, hereby submits this Certificate of
FIRST: Reason for dissolution:	(State why partnership is submitting dissolution)
The affirmative vote of a Majority-in-li	nterest of the Limited Partners and the approval of the
General Partner in accordance with the	Limited Partnership Agreement.
<del></del>	
SECOND: A Notice of Dis (Check box i	
Department of State.) Note: If the date inserted in this block of	the date of filing:  nore than 90 days after the date this document is filed by the Florida  does not meet the applicable statutory filing requirements, this date will  e date on the Department of State's records.
Signatures of each general partner or the A&W Family Holdings LLC  By: fill Name. Janet Ellen Anderson  Title Manager	te person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50

\$8.75

Certificate of Status (optional):

21 JUL 23 AM 9: 41

## 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.

Description of information that	must be included in a claim:
Name and address of Claimant.	
2. Amount of Claim.	
3. Basis of Claim.	
Mailing address where claims c	an be sent: (Claims cannot be sent to the Florida Department of State.)
5876 Lake Pine Road	
Vero Beach, Florida 32967	

4 years after the filing of the notice.

Signature of a	general	partner	or a	principal	of the	successor	entity
-	_	-					^

Janet Ellen Anderson, Manager A&W Family Holdings, LLC

Printed Name

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