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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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#ILED 2021 DEC 20 PM 3: 49

COVER LETTER

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations
SUBJECT: THE SCHULT FAMILY LIMITED PARTNERSHIP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) A 0500001409
The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: COBCET SCHULTZ
(Contact Person)
THE SCHULTZ FAMILY LIMITED PARTNERSHIP
(Firm/Company)
1360 N. CLASSIC CT.
(Address)
LONGWOOD FL 32779 (City, State and Zip Code)
(City. State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (407 718-5099) (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 Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

THE SCHULT	Z FAMIL	Y LIMITED	FARTNERSHIP
(Name of Florida Limited Partnership of	or Limited Liability L	imited Partnership)	
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Joseph document number A 05000000 Dissolution.	ted partnership, w	hose certificate was fil	ad with the
FIRST: Reason for dissolution: (State why partner	ship is submitting disso	olution)
NO LONGER	R NEEDE	D (AS DECIA	DED
NO LONGER BY GENERAL	+ LIMITE	ES PARTNE	<u> </u>
			· · · · · · · · · · · · · · · · · · ·
SECOND: A Notice of Disso (Check box if a THIRD: Effective date, if other than the (Effective date cannot be prior to nor more)	ettached.)		ad ha da El ada
Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective date.	s not meet the applica	able statutory filing requires	
Signatures of each general partner or the polycomes of each general partner or the polycomes of the polycome	erson appointed pursi	21). F.S.:
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		APPROVED AND FILED 2021 DEC 20 PM 3: 4 SENTE LART OF STATE (ATT ATTASSEE, FILER)

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.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: THE SCHUCTE FAMILY LIMITED FARTNERSHIP	
Description of information that must be included in a claim:	
1) DATE + EXACT DESCRIPTION OF CLAIM; AMOUNT	
1) DATE + EXACT DESCRIPTION OF CLAIM; AMOUNT 2) NAME, LEGAL ADDRESS, SOCIAL SECURITY NUMBER OF EIN OF CLAIMANT	e
EIN OF CLAIMANT	
3)CONTACT PHONE & EMAIL ADDRESS	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	
360 N. CLASSIC CT LONGWOOD FL 32779	
LONGWOOD FL 32779	
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:	
LOBERT SHULTZ, GP - KINSTUSSCHULT	
Printed Name Signature	

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