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(Requestor's Name)

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(City/State/Zip/Phone #)

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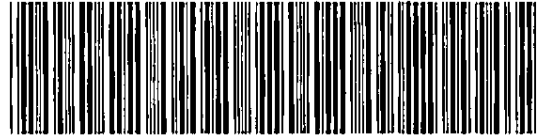
\_\_\_\_\_  
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**STATEMENT OF DISSOLUTION FOR PARTNERSHIP**

Pursuant to section 620.8805, Florida Statutes, I hereby submit the following statement of dissolution:

*(Note: A statement of dissolution cannot be filed with the Florida Department of State unless a partnership registration was previously filed and is of record with this office.)*

**FIRST:** The name of the partnership is: MARBREN PARTNERS, LTD.

**SECOND:** The partnership was registered with the Florida Department of State on 09/30/2005  
and assigned registration number GP A05000001855

**THIRD:** The partnership has dissolved and is winding up its business.

**FOURTH:** Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

**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.

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signed this 30<sup>th</sup> day of April, 2019

Signature of a partner or authorized person: \_\_\_\_\_

ELLEN MORRIS, ESQ., Authorized Representative

(Typed or printed name of partner signing above)

**A PARTNERSHIP CONTINUES AFTER DISSOLUTION ONLY FOR THE PURPOSE OF WINDING UP ITS BUSINESS. THE PARTNERSHIP IS TERMINATED WHEN THE WINDING UP OF ITS BUSINESS IS COMPLETED. THE PARTNERSHIP REGISTRATION SHOULD THEN BE CANCELED.**

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
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**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314