

A06 000000231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

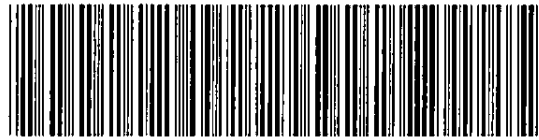
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000439778000

2021 NOV 19 PM 4:03
CLERK OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: McKernan Family Enterprises, L.P.

(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:

George A. Wilson

(Contact Person)

Wilson & Johnson, P.A.

(Firm/Company)

2425 Tamiami Trail N., Suite 211

(Address)

Naples, Florida 34103

(City, State and Zip Code)

For further information concerning this matter, please call:

George A. Wilson

239

436 - 1500

at (

(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

FILED
TALLAHASSEE, FL
NOV 19 2024

2024 NOV 19 PM 4:03

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

McKernan Family Enterprises, L.P.

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

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 02/08/2006, assigned Florida document number A0600000231, hereby submits this Certificate of Dissolution.

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

Distribution of all assets.

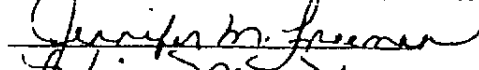
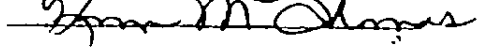
SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing:

(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

CD
OFFICE OF STATE
CLERK, ASSESSOR, FL

2024 NOV 19 PM 4:03

FILED

**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:
McKernan Family Enterprises, L.P.

Description of information that must be included in a claim:

George A. Wilson ("Registered Agent")

Kim McKernan Thomas ("General Partner")

Jennifer McKernan Freeman ("General Partner")

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

c/o George A. Wilson ("Registered Agent")

2425 Tamiami Trail N., Suite 211

Naples, Florida 34103

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:

Jennifer Freeman

Printed Name

Jennifer Freeman

Signature

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

2024 NOV 19 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

**CERTIFICATE OF DISSOLUTION
FOR**

McKernan Family Enterprises, L.P.

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

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 02/08/2006, assigned Florida document number A0600000231, hereby submits this Certificate of Dissolution.

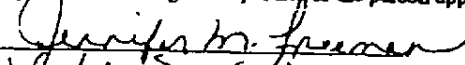

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
Distribution of all assets.

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

THIRD: Effective date, if other than the date of filing: _____
(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**

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:
McKernan Family Enterprises, L.P.

Description of information that must be included in a claim:

George A. Wilson ("Registered Agent")

Kim McKernan Thomas ("General Partner")

Jennifer McKernan Freeman ("General Partner")

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

c/o George A. Wilson ("Registered Agent")

2425 Tamiami Trail N., Suite 211

Naples, Florida 34103

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:

Jennifer Freeman

Printed Name

Jennifer Freeman

Signature

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