Division of Corporations Electronic Filing Cover Sheet

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(((H21000242507 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 Phone

: (904)398-3911

Fax Number

: (904)396-0663

DISS/TERM/CANCEL/REV OF LP/LLP THE SURRATT FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

JUN 22 2021

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From: ROGERSTOWERS

H21000242507

CERTIFICATE OF DISSOLUTION FOR

	att Family Limit		
(Name of Florida Limited Partnership or	Limited Liability	y Limited Partnership)	
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on July document number A06000000849 Dissolution.	ed partnership.	orida Statutes, this whose certificate yeby submits this Ce	was filed with the assigned Florida
FIRST: Reason for dissolution: (S	State why parti	ership is submittin	g dissolution)
A resolution to dissolve the partnership we	es adopted on Jui	ne <u>21, 2021 by writte</u>	en consent of the general
partner and all limited partners of the part	nership.		
SECOND: A Notice of Dissol (Check box if a		ed.	
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective date.	e than 90 days af a not meet the ap	plicable statutory filing	requirements, this date wi
Signatures of each general partner or the p	erson 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):	ふひ・/ つ		

H21000242507

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 Surratt Family Limited Partnership Description of information that must be included in a claim: Name, address and phone number of Claimant; The amount of the claim and the date the claim arose; and A description of the nature of the claim in sufficient detail Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of States.) Robert S. Surratt 7006 Wensley Way Jacksonville, FL 32217 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: Robert S. Surratt Signature Printed Name

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

DIVISION OF CORPORATION