## A06 00000 1199

(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:					

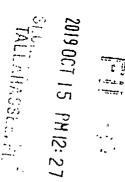
Office Use Only

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## COVER LETTER

TO:	Registration Section		•			
Divisio	on of Corporations					
SUBJE	ECT:					
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
	closed Certificate of Dissolution a return all correspondence concern HELLER, ESQ.		tted for filing.			
	(Contac	et Person)				
HELLE	R ESPENKOTTER, PLLC					
	(Fim/C	Company)				
2 <b>7</b> 01 PC	ONCE DE LEON BOULEVARD, SUITE	E 301				
	(Add	ress)				
CORAL	, GABLES, FLORIDA 33134					
	(City, State a	nd Zip Code)				
For fur	ther information concerning this n	natter, please call:				
DAN P. HELLER		305 at (	777-3765 )			
	(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)			
Enclose	ed is a check for the following am	ount:				
<b>■</b> \$52.5	50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing F and Certified Co				
STREET ADDRESS:		MAILI	NG ADDRESS:			
Registration Section		Registration Section				
Division of Corporations Clifton Building		Division of Corporations P. O. Box 6327				
2661 Executive Center Circle		•	Tallahassee, FL 32314			

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

Ihe (aun	Family L	imited tarti	rership 16.	l
(Name of Florida Limited Partnership o	r Limited Liability Li	mited Partnership)		
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on document number ACU 00000 Dissolution.	ed partnership, wh	nose certificate was f	iled with the ned Florida	
FIRST: Reason for dissolution: (S	State why partners	hip is submitting dis	solution)	
Purpose of the pa	rtnership	has been so	itished	
				201
		·	7	2019 OCT 15
				<u> </u>
		<del>_</del>	WAS:	<u> </u>
SECOND: A Notice of Disso (Check box if a				PM 12: 27
<b>THIRD:</b> 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.	than 90 days after the not meet the applica	ble statutory filing requi	·	l
Signatures of each general partner or the p		ant to s. 620.1803(3) or	(4). F.S.:	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			