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Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091

Phone

: (305)858-9900

Fax Number

: (305)285-0015

DISS/TERM/CANCEL/REV OF LP/LLP OSORNO FAMILY LIMITED PARTNERSHIP

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. CERTU	FICATE OF DISSOLUTION	÷	2
	FOR	ECS TAL	2022 NOV
OSORNO FAMILY LIMITED PARTNE	RSHIP	는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는 는	AO
(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)	5.70	22
		SSE	A
Pursuant to the provisions of section	n 620.1203, Florida Statutes, this Florid ted partnership, whose certificate was fi	la limited	=
Florida Department of State on DEC		ed Florida	57
	, hereby submits this Certifica		_
Dissolution.			
FIRST: Reason for dissolution: (State why partnership is submitting diss	olution)	
THE PARTNERSHIP DOES NOT HOL	D ANY ASSETS AND THE GENERAL PART	NER HAS	
DETERMINED THAT THE PARTNERS	SHIP SHALL BE DISSOLVED		
			
SECOND: A Notice of Disso	lution is attached.		
(Check box if a	attached.)		
THIRD: Effective date, if other than th	e date of filing:		
	e than 90 days after the date this document is fi	led by the Flor	ida
Note: If the date inserted in this block doe not be listed as the document's effective d	s not meet the applicable statutory filing require	ements, this dat	te wi
not be inside as the document's effective of	are on the Department of State S tocords.		
Signatures of each seneral partner or the n	erson appointed pursuant to s. 620.1803(3) or (4). F.S.:	
I Ida W. Reach	i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	The state of		
Helda M. Osorno, as Manager of General	E AL UICI		_
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