

A06000001552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

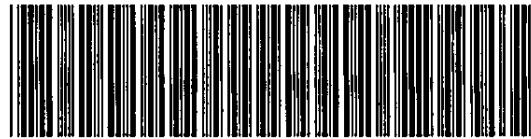
(Document Number)

Certified Copies _____

Certificates of Status _____

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01/09/17--01042--022 **\$2.50

17 JAN -9 PM 12:40

FILED
JAN 10 2017

JAN 10 2017

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMET FAMILY PARTNERSHIP, 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:

JOHN S. BOHATCH, ESQ.

(Contact Person)

GUTTENMACHER, BOHATCH & PENARANDA

(Firm/Company)

7301 SW 57TH CT, SUITE 560

(Address)

SOUTH MIAMI, FL 33143

(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN S. BOHATCH, ESQ.

(Name of Contact Person)

at (305) 666-1040

(Area Code and 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

**CERTIFICATE OF DISSOLUTION
FOR**

SAMET FAMILY PARTNERSHIP, 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 12/28/2006, assigned Florida document number A06000001552, hereby submits this Certificate of Dissolution.

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

THE L.P IS BEING DISSOLVED ON THE DETERMINATION OF THE GENERAL PARTNERS

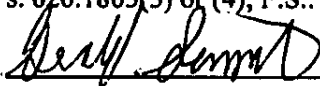
AND THE LIMITED PARTNERS.

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.)

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

17 JAN -9 PM 12:40

**CERTIFICATE OF DISSOLUTION
FOR**

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Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Juan D. Sanchez

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

17 JAN 19 PM 12:10

FILED
JAN 19 2007
CLERK OF COURT
JAN 19 2007