

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COHEN, CHASE, HOFFMAN & SCHIMMEL, P.A.
Account Number : 102450002676
Phone : (305) 670-0201
Fax Number : (305) 670-6152

DISS/TERM/CANCEL/REV OF LP/LLP
RASCON ASSOCIATES, LTD.

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

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2017 JAN 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATIONS

17 JAN 23 AM 9:12

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**CERTIFICATE OF DISSOLUTION
FOR****RASCON ASSOCITES, LTD.**

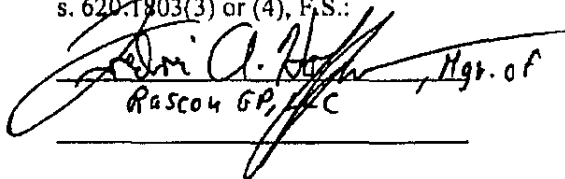
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 January 22, 2007, assigned Florida document number A07000000093, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)The partnership has completed its business.**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. 620.1203(3) or (4), F.S.:


Robert A. Rugh, Mgt. of
RASCON GP, LLC

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

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**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:

Rascon Associates, Ltd.

Description of information that must be included in a claim:

Claimant name, address and telephone number.

Nature of the claim.

Amount claimed.

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

c/o Cohen, Chase, Hoffman & Schimmel, P.A.

9400 S. Dadeland Boulevard, Suite 600

Miami, Florida 33156

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:

Fredric A. Hoffman, Manager of GP

Printed Name

Signature

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

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DIVISION OF CERTIFICATES