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Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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B. BOSTICK
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EXAMINER

## — MORRIS LAW GROUP— Wealth Preservation Attorneys

STUART R. MORRIS, ESQ.

BOARD CERTIFIED-WILLS, TRUSTS & ESTATES CERTIFIED PUBLIC ACCOUNTANT

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ESTATE & GIFT TAX PLANNING

ASSET PRESERVATION PLANNING

WILLS & TRUSTS

BUSINESS STRUCTURING &
SUCCESSION PLANNING

DOMESTIC & INTERNATIONAL TAX PLANNING

PROBATE & TRUST ADMINISTRATION

SPECIAL NEEDS PLANNING

November 16, 2011

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Nizel Family Investment, LLLP & Nizel Family Management, LLC

Our File No: 81002.002 - .003

Dear Sir/Madame:

Enclosed please find the original signed dissolution documents and payment regarding same for the above referenced entities. Please process the documents in the follow order:

- 1). Cover Letter, Certificate of Dissolution and Notice of Dissolution regarding Nizel Family Investments, LLLP; and then
- 2). Cover Letter and Articles of Dissolution regarding Nizel Family Management, LLC.

Upon receipt and filing of same, please provide our office with confirmation letter as well as the certificate of status requested on the enclosed cover letters provided. Should you have any questions, please do not hesitate to contact our office.

Sincoroly

Legal Assistant

Encls.

Cc: Mr. David Nizel

#### **COVER LETTER**

TO:	Registration Division of	Section Corporations				
SUBJ	ECT: NIZE (Name of	L FAMILY INVES	TMENTS, LLLP ip or Limited Liability Limi	ted Partnership)		-
The er	nclosed Certif	icate of Dissolution an	d fee(s) are submitted f	for filing.		
Please	return all cor	respondence concernit	ng this matter to:			
STUAF	RT R. MORRIS	, ESQ.				
		(Contact Person)				
MORR	RIS LAW GROU	IP				
		(Firm/Company)				
7000 V	VEST PALMET	TO PARK ROAD, STE	205			
		(Address)				
BOCA	RATON, FL 33	3433				
		(City, State and Zip Code)				
For fu	rther informat	ion concerning this ma	atter, please call:			
KACIE	FEELEY		at ( 561 ) 750	-3850		
	(Name of Con	tact Person)	(Area Code and D	aytime Telephon	e Number)	)
Enclos	sed is a check	for the following amo	unt:			
\$52.5	50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing Fee and Certified Copy	\$113.75 Fill Certified Copy Certificate of	y, and	
Regist Divisi Cliftor 2661 I	tration Section on of Corpora n Building Executive Cer assee, FL 32	n tions nter Circle	MAILING A Registration Division of G P. O. Box 63 Tallahassee,	Section Corporations 27	FALLAN CONTR	J 68 39 E

### CERTIFICATE OF DISSOLUTION FOR

+

<b>NIZEL FAMILY INVESTME</b>		
(Name of Florida Limited Pa	artnership or Limited Liability Limited Partnership	))
	n 620.1203, Florida Statutes, this Florida I ed partnership, whose certificate was filed 21/2007, assigned, hereby submits this Certificate	l with the Florida
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolu	ition)
The company has elected to dissolve b	by written consent of all of its members.	
	40.	
SECOND: A Notice of Disso	lution is attached.	
(Check box if attach	ched.)	
THIRD: Effective date, if other than the d	late of filing:	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed	by the Florida
	a share a second and a second to	Dr.
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	r the person appointed pursuant to	
Du On O	By: Nizel Family Man General Partner	agement, LLC,
	By:David Nizel,	Manager
<del></del>	<del>_</del>	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	
Certificate of Status (optional):	\$8.75	

#### 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	ed Partnership:
NIZEL FAMILY INVESTMENTS, LLLP	<u></u> .
Description of information that must be included in a claim:	
A concise and direct statement of the basis upon which the claimant seek	s relief. The claim must state
the cause of action for the claim and set forth the Rule of Law that forms	the basis of the complaint and
recounts the facts that support the rule of law. It shall also conclude that	the (LLLP/LLC) violated the
rule of law, thereby causing the claimant's injuries or damages, and that the	he claimant is entitled to relief
Mailing address where claims can be sent: (Claims cannot be sent Department of State.)	to the Florida
19830 N.E. 19th Avenue, North Miami Beach, FL 33179	
	-
	OPID:
A claim against the above named limited partnership or limited liab partnership will be barred unless a proceeding to enforce the claim 4 years after the filing of the notice.	•
Signature of a general partner or a principal of the successor entity:	0-0:0
NIZEL FAMILY MANAGEMENT, LLC, GP	074.(/

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

Printed Name

Signature By: David Nizel, Manager