(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	J.	HORNE		
	API	R 17 2024		

Office Use Only



900426176639

03/25/24--01003--018 **61.25



COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corpora	ntions		
AX-SO SUBJECT:	L FAMILY LIMITED PA		
<u></u>	(Name of Florida Limited Par	tnership or Limited Liability Li	mited Partnership)
	icate of Dissolution a respondence concern		ed for filing.
	(Contac	et Person)	
Proskauer Rose, LLP			
	(Firm/C	Company)	
2255 Glades Road, Sui	te 421A		
*	(Add	ress)	
Boca Raton, FL 33431			
	(City, State a	nd Zip Code)	
For further informa	tion concerning this n	natter, please call:	
Alex G. Picard, Esq.		at ()	(Daytime Telephone Number)
(Name	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following amo	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	
STREET ADDRE Registration Section Division of Corpora Clifton Building	n ations	Registrati Division P. O. Box	
Registration Section Division of Corpora	n ations	Registrati Division P. O. Box	on Section of Corporations

CERTIFICATE OF DISSOLUTION FILED

N FILED 2024 MAR 25 AM 9: 35

AX-SOL FAMILY LIMITED PARTNERSHIP, LLLP

(Name of Florida Limited Partnership or	Limited Liabili	ty Limited Partnership) (1975) 17 17 STATE (1970)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on Augudocument number A07000000950 Dissolution.	d partnership ist 9, 2007	lorida Statutes, this Florida limited b, whose certificate was filed with the, assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (S	tate why part	nership is submitting dissolution)
All Parties have consented by written instru	ument to the wi	nd up and liquidation of the Partnership and its
operations and to the dissolution of the Par	tnership	
SECOND: A Notice of Dissolution (Check box if at		hed.
Department of State.)	than 90 days a not meet the a	fier the date this document is filed by the Florida oplicable statutory filing requirements, this date will tment of State's records.
Signatures of each general partner or the pe	erson appointed	pursuant to s. 620.1803(3)(or (4), F.S.: David J. Soloway, as Trustee of the Mildred J.
Soloway Revocable Trust dated May 6, 2002		Soloway Revocable Trust dated April 30, 1991
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	