

A0700000 1213

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 03 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alvarez Rodriguez-Fonts LLLP

(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:

Maritza Alvarez-Shapiro

(Contact Person)

Maritza Alvarez-Shapiro PA

(Firm/Company)

4000 Ponce de Leon Blvd., Suite 470

(Address)

Coral Gables, Florida 33146

(City, State and Zip Code)

For further information concerning this matter, please call:

Maritza Alvarez-Shapiro

(Name of Contact Person)

at (305) 379-4301

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY 31 PM 1:07
CLERK OF THE COURT
TALLAHASSEE, FLORIDA

May 5, 2016

MARITZA ALVAREZ-SHAPIO
MARITZA ALVAREZ-SHAPIO PA
4000 PONCE DE LEON BLVD, SUITE 470
CORAL GABLES, FL 33146

SUBJECT: ALVAREZ RODRIGUEZ-FONTS, LLLP.
Ref. Number: A07000001213

We have received your document for ALVAREZ RODRIGUEZ-FONTS, LLLP.
and your check(s) totaling \$52.50. However, the enclosed document has not
been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 616A00009486

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Alvarez Rodriguez-Fonts, LLLP

(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 10/26/2007, assigned Florida document number A07000001213, hereby submits this Certificate of Dissolution.

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

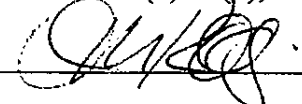
Partnership between general partners terminated and partnership inactive for more than one year.

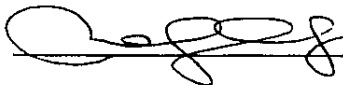
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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.:


Oscar M. Rodriguez-Fonts


Maritza Alvarez Shapiro

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

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TALLAHASSEE, FLORIDA