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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: ABRASHOFF ENTERPLISES LTO (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:    DONAL   M. ABNASHOFF   (Contact Person)	
(Firm/Company)	
1649 W. 22ND 5T	
MIAMI BEACH FL 33148 (City, State and Zip Code)	
For further information concerning this matter, please call:	
OONALD M. ABRASHIOFF at (703) 967-5900 (Name of Contact Person) at (Area Code) (Daytime Telephone Number)	r
Enclosed is a check for the following amount:	
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status  \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

Tallahassee, FL 32301

## CERTIFICATE OF DISSOLUTION FOR

HBRASHOFF ENT	FERPRISES LTO
	or Limited Liability Limited Partnership)
partnership or limited liability limit	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the, assigned Florida, assigned Florida, hereby submits this Certificate of
	State why partnership is submitting dissolution)
AS BUSTNESS	REQUERE THIS PARTNERSON
SECOND: A Notice of Disso (Check box if a	
(Effective date cannot be prior to nor more Department of State.)	ne date of filing: 7 APREL 200 0 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Filing Fee:	\$52.50 \$53.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75