

A08000000034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

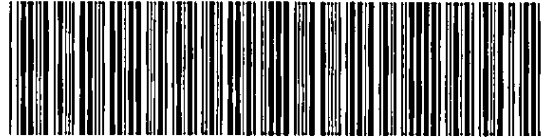
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900381013679

02/14/22--01051--021 **52.50

APPROVED
AND
FILED

2022 FEB 14 AM 11:31

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

AJF FAMILY LIMITED PARTNERSHIP

(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 01-10-2008, assigned Florida document number A08000000034, hereby submits this Certificate of Dissolution.

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

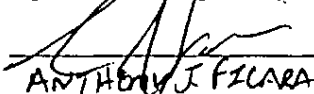
LIQUIDATION OF LIMITED PARTNERSHIP

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:


ANTHONY J. FICARA

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

APPROVED
AND
FILED
2022 FEB 14 AM 11:31
CLERK OF THE STATE
OF FLORIDA
TALLAHASSEE, FL 32399

**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:

AJE FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

CLAIM AMOUNT AND DESCRIPTION OF CLAIM

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

P.O. BOX 854

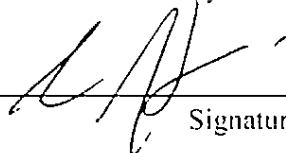
PALM HARBOR, FLORIDA 33767

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:

ANTHONY J. FICARA

Printed Name



Signature

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

2022 FEB 14 AM 11:31
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED