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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

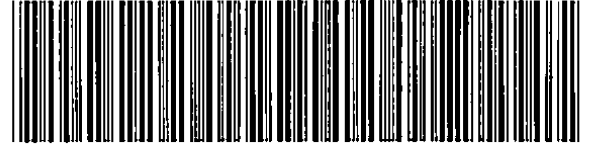
(Business Entity Name)

(Document Number)

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AUG 28 2019

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STENAT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Sandra Z. Green, Esq.
(Contact Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.
(Firm/Company)

800 Brickell Avenue, Suite 1400
(Address)

Miami, Florida 33131
(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra Z. Green at (305) 372-5100
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee and Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee and Certified Copy | <input type="checkbox"/> \$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

**STATEMENT OF TERMINATION
FOR**

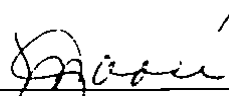
STENAT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

(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 02/08/2008, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

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



MILEYDYS GARCIA, General Partner

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

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