## A08000000736

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/ZIp/Fillone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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06/29/09--01038--003 \*\*52,50

PILED
2009 JUN 29 PH 1:47
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

C. LEWIS

JUN 3 0 2009

EXAMINER



June 24, 2009

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> Weisbrot Family Interests, LP Re:

Dear Sir or Madam:

Enclosed please find the Cover Letter, the Certificate of Dissolution for the above mentioned company, and a check in the amount of \$52.50 for the filing fee.

Kindly file these documents and forward the filed copy to the undersigned. Thank you for your cooperation.

Please contact me if you have any questions.

Very truly yours,

Paralegal

\mv Encl.

cc: Susan A. Maslow, Esq.

## **COVER LETTER**

Division of Corporations				
SUBJECT: Weisb	rot Family Intere	ests, LP		
	lorida Limited Partnershi	p or L <del>imited Liability Limi</del>	ted Partnership)	
The enclosed Certific	cate of Dissolution an	d fee(s) are submitted t	for filing.	
Please return all corre	espondence concernir	ng this matter to:		
Susan A. Masl	ow, Esq.			
(Contact Person)				
Antheil Maslow & MacMinn, LLP				
	(Firm/Company)	<del></del>		
131 W. State	St.			
	(Address)			
Doylestown, P.	A 18901			
(City, State and Zip Code)				
For further information	on concerning this ma	atter, please call:		
Susan A. Maslow, Esq.		at ( 215 ) 23	0-7500	
(Name of Contact Person)			aytime Telephone Number)	
Enclosed is a check f	or the following amo	unt:		
▼ \$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		

## CERTIFICATE OF DISSOLUTION **FOR**

FILED

Weisbrot Family Interests, LP

2009 JUN 29 PM 1: 47

(Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership ECRETARY OF STATE
Pursuant to the provisions of section	TALLAHASSEE. FLORID 620.1203, Florida Statutes, this Florida limited
	d partnership, whose certificate was filed with the
Florida Department of State on Aug	ust 11, 2008, assigned Florida
document number A08000000736	, hereby submits this Certificate of
Dissolution.	
FIRST: Reason for dissolution: (S	tate why partnership is submitting dissolution)
·	
Florida Statutes 620.1801(b	) - Consent of all general partners and
of all limited partners.	
of all limited partners.	
_	
<b>SECOND:</b> A Notice of Dissol	
(Check box if attac	:hed.)
THIRD. Effective data if other than the	otan filed
THIRD: Effective date, if other than the d	ate of flung:
(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 of	r the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:	tino porsoni appointed parsuant to
Susan A. Weistrut	
Weisbrot Family Interests, L By Susan R. Weisbrot, Managi	LC, General Partner
by Sasan K. Weisblot, Managi	ng Member
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75