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(Requestor's Name)		
(Address)		
, , ,		
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PICK-UP WAIT MAIL		
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corpo	rations			
CUBIECT.	RHODA L	IPTON FAMILY, LLLP		
SUBJECT:	(Name of Florida Limited Par	tnership or Limited Liability Lim	ited Partnership)	
	ificate of Dissolution a orrespondence concern CASSAN	•	d for filing.	
	(Contac	ct Person)		
	NELSON	N & NELSON, P.A.		
	(Firm/C	Company)		
	2775 Sunny	Isles Blvd., Suite 118		
<u> </u>	(Add	ress)		
	North Miami	Beach, FL 33160		
	(City, State a	nd Zip Code)		
For further inform	nation concerning this n	natter, please call:		
CASSANDRA NELSON		305 93 at (2-2000	
(Nan	ne of Contact Person)		Daytime Telephone Number)	
Enclosed is a chec	ck for the following am	ount:		
\$52.50 Filing Fee	S61.25 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:			G ADDRESS:	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
Clifton Building		P. O. Box	6327	
2661 Executive Center Circle		Tallahasse	e, FL 32314	

CERTIFICATE OF DISSOLUTION FOR

RHODA LIPTON FAMILY LLLP

(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limite Florida Department of State on Nover	a 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the mber 30. 2009, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (St	tate why partnership is submitting dissolution)
Termination of Business	
	2021
	2020 HAIX
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SECOND: A Notice of Dissolu (Check box if att	ution is attached.
Department of State.)	than 90 days after the date this document is filed by the Florida not meet the applicable statutory filing requirements, this date wil
Signatures of each general partner or the per	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:
Mais 316	Martin Lipton
	Esther Rogatinsky
Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50 \$8.75

## 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 of RHODA LIPTON FAMILY, LLLP	or Limited Liability Limited Partnership:
Description of information that must be i	included in a claim:
Amount of any claim and documentation.	
Mailing address where claims can be sen	tt: (Claims cannot be sent to the Florida Department of State.)
c/o Martin Lipton	
4431 University Parkway	
University Heights, OH 44118	
A claim against the above named limited will be barred unless a proceeding to enforce 4 years after the filing of the notice.	l partnership or limited liability limited partnership orce the claim is commenced within
Signature of a general partner or a princi	pal of the successor entity:
Martin Lipton	1/26 1/m
Printed Name	Signature

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