A690000083L

(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:				
, , , , , , , , , , , , , , , , , , ,				

G. MOLEOD

FER - 3 2011

EXAMINER



000191707370

02/01/11--01020--004 **61.25

11 FEB -1 AM II: 24

COVER LETTER

+

TO: Registration Division of C						
SUBJECT: Wigder & Diaz, LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)						
The enclosed Certifi	icate of Dissolution an	d fee(s)	are subn	nitted 1	for filing.	
Please return all cor	respondence concerni	ng this m	atter to:			
Marc Wigder						
	(Contact Person)			-		
Marc D. Wigder, PA				_		
	(Firm/Company)					
5801 N. Congress Av	enue			_		
	(Address)					
Boca Raton, FL 3348	7					
((City, State and Zip Code)			-		
For further informat	ion concerning this ma	atter, ple	ase call:			
Marc Wigder		at (561) 860	-9480	
(Name of Cont	act Person)		Area Code	e and D	aytime Telephone Number)	
Enclosed is a check	for the following amo	unt:				
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing rtified Co		☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:				
Registration Section		Registration Section				
Division of Corporations			Division of Corporations			
Clifton Building 2661 Executive Center Circle			P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 323			i anan	43300,	10 34317	

CERTIFICATE OF DISSOLUTION FOR

+

Wigder & Diaz, LLLP (Name of Florida Limited F	Partnership or Limited Liability Limited Partnership)	•					
partnership or limited liability limi Florida Department of State on De	on 620.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed we cember 3, 2009, assigned Fl, hereby submits this Certificate of	ith the orida					
FIRST: Reason for dissolution: (State why partnership is submitting dissolution	on)					
By Consent of all Partners, the partner	rship has terminated.	<u>.</u>					
,							
							
		<u>.</u>					
		· <u>·····</u>					
SECOND: A Notice of Disso (Check box if atta	olution is attached. ached.)						
THIRD: Effective date, if other than the date of filing: Decamber 31, 2010 DATE OF FILING.							
Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is filed by	the Florida					
Signatures of each general partner of 620.1803(3) or (4), F.S.:	or the person appointed pursuant to						
SARAM D. DIAZ.	MARCDWIGAR						
							
							
Filing Fee:	\$52.50	 (
Certified Copy (optional):	\$52.50	产品 🛨					
Certificate of Status (optional):	\$8.75	AFG A					
		FEB -1					
		[1](
·							