

A10000000547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

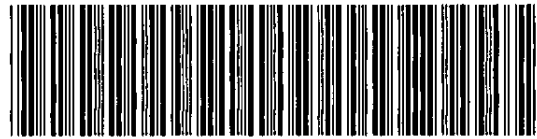
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000297662190

FILED
2017 APR 12 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
2017 APR 12 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
APR 13 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 597798 4305390

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : April 12, 2017

ORDER TIME : 12:53 PM

ORDER NO. : 597798-005

CUSTOMER NO: 4305390

DOMESTIC FILINGS

NAME: THE MAHLER FAMILY, LLLP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

RECEIVED
2017 APR 12 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 APR 12 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

THE MAHLER FAMILY, LLLP

(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 September 16, 2010, assigned Florida document number A10000000547, hereby submits this Certificate of Dissolution.

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

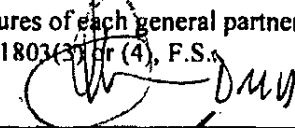
No longer conducting business.

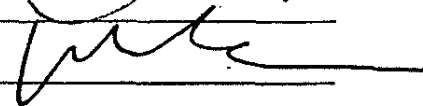
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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.)

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





Dr. Douglas R. Mahler 2-2-17
Dr Wendy LINKER 3-7-17

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