

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Land Family LLLP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Brian J. Stack

(Contact Person)

Stack Fernandez & Harris, P.A.

(Firm/Company)

1001 Brickell Bay Drive, Suite 2650

(Address)

Miami, FL 33131

(City, State and Zip Code)

For further information concerning this matter, please call:

Brian J. Stack

305

371-0001

(Name of Contact Person)

at (

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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**

Land Family L.L.P.

(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 April 16, 2012, assigned Florida document number A12000000204, hereby submits this Certificate of Dissolution.

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

The General Partner and Limited Partners unanimously consent to the dissolution of the limited liability limited partnership.

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

THIRD: Effective date, if other than the date of filing: Effective Immediately
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Caryn L. Kearney
Caryn Kearney, Managing Member of Land Family LLC

Amy Land-de Wilde, Managing Member of Land Family LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUN 12 PM 1:20

CERTIFICATE OF DISSOLUTION
FOR

Land Family LLC

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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

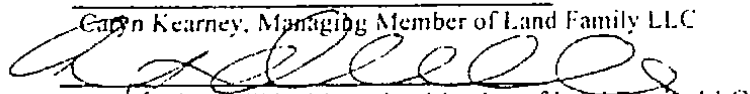
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SECOND: A Notice of Dissolution is attached.
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Caryn Kearney, Managing Member of Land Family LLC

Amy Land-de Wilde, Managing Member of Land Family LLC

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

FILED
2019 JUN 12 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FL

**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 or Limited Liability Limited Partnership:
Land Family L.L.P.

Description of information that must be included in a claim:

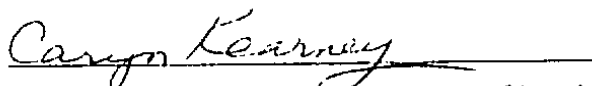
(1) Name, address, telephone number, and email address of claimant, (2) name, address, telephone number, and email address of individual(s) knowledgeable about the claim, (3) the amount of the claim, (4) a statement explaining the basis for the claim, and (5) all documents supporting the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Brian J. Stack, Esq., Stack Fernandez & Harris, P.A., 1001 Brickell Bay Drive, Suite 2650, Miami, FL
33131, Tel. 305-371-0001

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:


Caryn Kearney, Managing Member of Land Family LLC

Amy Land-de Wilde, Managing Member of Land Family LLC

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

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FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

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Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
Land Family LLLP

Description of information that must be included in a claim:

(1) Name, address, telephone number, and email address of claimant, (2) name, address, telephone number,

and email address of individual(s) knowledgeable about the claim, (3) the amount of the claim, (4) a

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Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

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