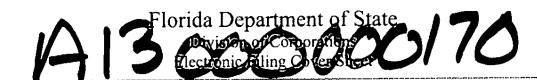
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076

Phone

: (813)877-8918

Fax Number

: (813)514-2806

Email.

lebronaccounting@yahoo.com

## DISS/TERM/CANCEL/REV OF LP/LLP SANTOS FAMILY ENTERPRISES, LTD.

Certificate of Status	1
Certified Copy	. 0
Page Count	04
Estimated Charge	\$61.25

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## COVER LETTER

10: Registration Section			
Division of Corporations			
SUBJECT: SANTOS FAMIL			
(Name of	Florida Limited Parine	ership or Limited Liability La	mited Partnership)
The enclosed Certificate of Please return all correspond Milka Haskins CPA			ed for filing.
	(Contact	Person)	
Haskins & Herrera Accountants			
	(Firm/Co	припу)	
5116 N. Armenia Avc			
<del>-</del>	(Addre	ox)	
Tampa, FL 33603			
	(City, State and	Zip Code)	
For further information con	icerning this ma	atter, please call:	
Milka Haskins CPA		813 ยเ ()	877-8918 (Daytime Telephone Number)
(Name of Contact	Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amo	unt:	
	.25 Filing Fee I Certificate of tus	\$105.00 Filing Fe and Certified Cop	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir	rele	Registra Division P. O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314

Tallahassee, FL 32301

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## CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited Partnership or Lin	nited Liability Limited Partnership)
partnership or limited liability limited p Florida Department of State on 04/01/201	20.1203, Florida Statutes, this Florida limited partnership, whose certificate was filed with the assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State	e why partnership is submitting dissolution)
This entity didn't start operations	
SECOND: A Notice of Dissolution (Check box if attact	hed.)
<b>THIRD:</b> Effective date, if other than the dat (Effective date cannot be prior to nor more that Department of State.)	to of filing: 2710/2022 in 90 days after the date this document is filed by the Florida
Note: If the date inserted in this block does not not be listed as the document's effective date of	t meet the applicable statutory filing requirements, this date will be the Department of State's records.
Signatures of each general partner or the person  Ariel Santos	n appointed pursuant to s. 620 1803(3) or (4). F.S.  Mayelin Santos
g	52.50
	52.50 8.75

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## 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: SANTOS FAMILY ENTERPRISES, LTD.
Description of information that must be included in a claim:  N/A
Mailing address where claims can be sent: (Claims cannot be sent to the Plorida Department of State.)
4908 Troydale Rd. Tampa, FL 33615
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
Arici Santos
Printed Name Signature

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