A14000000204

(Re	equestor's Name)	
(Ac	ddress)	
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(Ĉi	ty/State/Zip/Phone	#)
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SESTETARY OF STATE SESTETARY OF STATE SYMPTOTICS OF STATE

FEB 0 6 2020

D CUSHING

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 147212 7989388

/Å

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE: January 21, 2020

ORDER TIME : 11:11 AM

ORDER NO. : 147212-001

CUSTOMER NO: 7989388

DOMESTIC FILINGS

NAME: MARIA FAZARI, LP

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER'S INITIALS:

ACCOUNT CONTINUES OF STATE OF

CERTIFICATE OF DISSOLUTION FOR

MARIA FAZARI, LP		
(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 04/17/2014, assigned Florida document number A14000000204, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
No Longer Coducting bussiness as of		
SECOND: A Notice of Dissolution is attached. (Check box if attached.)		
THIRD: Effective date, if other than the date of filing: FEB 2, 2019 (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.		
	20	. ¥
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	- 833	7. TAR
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Maria Fazari, Member O	AM III:	7 O.S
	 	STATE STATE
Filing Fee: \$52.50		SH(

\$52.50 \$8.75

Certified Copy (optional): Certificate of Status (optional):