

A15000000228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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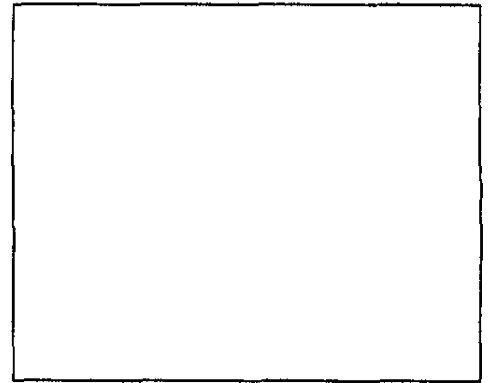
FILED  
2016 APR 25 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/26/16--01003--003 \*\*105.00

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ENTITY NAME:

FAMIL AND LOVE PARTNERSHIP, LLLP

CK# 7237 FOR \$105.00

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**CERTIFICATE OF DISSOLUTION**  
**OF**  
**FAMILY AND LOVE PARTNERSHIP, LLLP**

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of Florida Statutes §620.1203, this Florida Limited Liability Limited Partnership (the "Partnership") submits the following Certificate of Dissolution:

- FIRST: The name of the Partnership is FAMILY AND LOVE PARTNERSHIP, LLLP
- SECOND: The date of filing of the Partnership's certificate was filed with the Florida Department of State on April 13, 2015.
- THIRD: The Document Number of the limited partnership is A15000000228.
- FOURTH: The Dissolution is being filed because the Partnership has distributed all of its assets to its partners and its partners have determined that the Partnership will do no further business.
- FIFTH: A Notice of Dissolution is being submitted and is attached.
- SIXTH: The effective date of the Dissolution of the Partnership is upon filing of this Certificate of Dissolution and Notice of Dissolution with the Florida Department of State.

Dated this 25<sup>th</sup> day of April, 2016.

FAMILY AND LOVE PARTNERSHIP, LLLP

By: \_\_\_\_\_

MARCELO SABINO, General Partner

**FILED**  
2016 APR 25 AM 7:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF DISSOLUTION**  
**FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited liability limited partnership named below for resolution of payment of unknown claims against this limited liability limited partnership as provided in Section 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a certificate of dissolution.

- FIRST:** The name of the dissolved limited liability limited partnership is:  
**FAMILY AND LOVE PARTNERSHIP, LLLP**
- SECOND:** The information to be provided in the claim shall include the date of the claim, the amount of the claim, and the name of the creditor.
- THIRD:** The mailing address where claims can be sent is as follows:
- Packman Neuwahl & Rosenberg  
Attn: Ralph Nardi, Esq.  
1500 San Remo Avenue, Suite 125  
Coral Gables, FL 33146
- FOURTH:** A claim against the above named limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

**FAMILY AND LOVE PARTNERSHIP, LLLP**

By: \_\_\_\_\_

MARCELO SABINO, General Partner