

1/3/22, 8:34 AM

Division of Corporations

A1600000331

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ BASKIES & WOLF PLLC
Account Number : I20080000071
Phone : (561)910-5700
Fax Number : (561)910-5701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN -3 PM 2:00

FILED

**DISS/TERM/CANCEL/REV OF LP/LLP
SRMZ, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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S. PRATHER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRMZ, 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:
Jeffrey A. Baskies, Esq.

(Contact Person)

Katz Baskies & Wolf PLLC

(Firm/Company)

3020 N Military Trail, Suite 100

(Address)

Boca Raton, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

Allison Neumann

at (561) 910-5700
(Area Code) (Daytime Telephone Number)

(Name of Contact Person)

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

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CERTIFICATE OF DISSOLUTION FOR

SRMZ, 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 07/12/2016, assigned Florida document number A16000000331, hereby submits this Certificate of Dissolution.

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

The consent of all general partners and of all limited partners.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN -3 PM 2:00

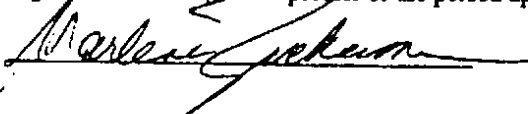
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SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

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.)

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.:



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

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