

A16 000 000 734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

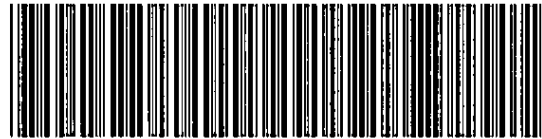
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FEB 06 2021
S. YOUNG

2020 DEC 22 PM 1:19

FILED

LAW OFFICES OF KEITH A. SELDIN
PROFESSIONAL ASSOCIATION

KEITH A. SELDIN *

270 SOUTH CENTRAL BLVD., SUITE 203
JUPITER, FLORIDA 33458

*Florida Supreme Court
Certified Civil Mediator

E-MAIL: kseldin@bellsouth.net

Phone (561) 747-3000
Fax (561) 747-3040

*Florida Supreme Court
Certified Residential Mortgage
Foreclosure Mediator

December 21, 2020

VIA FEDEX

Florida Department of State
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: HOLFAM HOLDINGS, L.P., a Florida Limited Partnership
Filing Certificate of Dissolution
Document Number: A16000000734

Dear Sir or Madam:

In connection with Horfam Holdings, L.P., a Florida Limited Partnership, enclosed for filing is the Certificate of Dissolution for Horfam Holdings, L.P., effective December 31, 2020.

Also enclosed is my firm's trust account check, number 1213, in the amount of \$113.75, representing the filing fees for the Certificate of Dissolution, and for a Certified Copy of the Certificate of Dissolution, as well as a Certificate of Status. Please return these documents in the self-addressed, prepaid envelope also included herein.

Should you have any questions concerning any of the above or enclosed, please do not hesitate to contact me.

Thank you for your kind consideration of the above and enclosed.

Sincerely,



KEITH A. SELDIN

KAS/fc

**CERTIFICATE OF DISSOLUTION
FOR**

HORFAM HOLDINGS, 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 DECEMBER 27, 2016, assigned Florida document number A16000000734, hereby submits this Certificate of Dissolution.

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

ALL GENERAL PARTNERS AND LIMITED PARTNERS CONSENT TO THE DISSOLUTION OF THE LIMITED PARTNERSHIP, EFFECTIVE DECEMBER 31, 2020

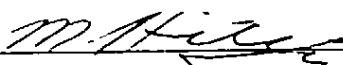
SECOND: ☐ A Notice of Dissolution is attached.
(Check box if attached.)

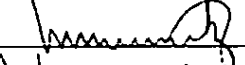
DECEMBER 31, 2020

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.:


MICHAEL HORWITZ


Warren Horwitz

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

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