

26/9/22, 13:29

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A2100000403

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To:

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

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : I20050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

DISS/TERM/CANCEL/REV OF LP/LLP
SBCE INVESTMENT FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

C. BRUMBLEY
SEP 28 2022

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBCE INVESTMENT FAMILY LIMITED PARTNERSHIP
(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:
ROARK RONALD MONAHAN

(Contact Person)

MONAHAN-MIJARES CPA, PA

(Firm/Company)

75 VALENCIA AVE SUITE 703

(Address)

CORAL GABLES, FL 33134

(City, State and Zip Code)

For further information concerning this matter, please call:

ROARK RONALD MONAHAN

at (305)

407-1440

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

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

**CERTIFICATE OF DISSOLUTION
FOR**

SBCE INVESTMENT FAMILY LIMITED PARTNERSHIP

(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 08/06/2021, assigned Florida document number A21000000403, hereby submits this Certificate of Dissolution.

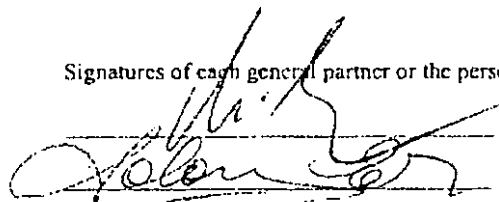
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
ITS MEMBERS HAVE NO PLANS OF DOING BUSINESS WITH THE ENTITY.

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

THIRD: Effective date, if other than the date of filing: 04/29/2022
(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.:



04/29/2022
04/29/2022

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 27 AM 8:34

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