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COVER LETTER

TO: Registration Section

Division of Corporations

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S O PARTNERS LTD

(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: SHELLEY MARCIANO

WLD ENTERPRISES INC.

(Firm/Company)

(Contact Person)

401 E LAS OLAS BLVD., SUITE 2200

(Address)

FORT LAUDERDALE, FL 33301

(City, State and Zip Code)

For further information concerning this matter, please call:

SHELLEY MARCIANO at (253-7771 (Name of Contact Person) (Daytime Telephone Number)

Enclosed is a check for the following amount:

S52.50 Filing Fee

S61.25 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

S O PARTNERS, LTD.

(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 05/24/1991______, assigned Florida document number A31568_______, hereby submits this Certificate of Dissolution.

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

Winding down partnership

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

THIRD: Effective date, if other than the date of filing: 11/27/2017 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the fractida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date view 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:\$52.50Certified Copy (optional):\$52.50Certificate of Status (optional):\$8.75

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

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

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

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: S O PARTNERS, LTD.

Description of information that must be included in a claim:

Name of claimant, Origination date and amount of claim, Reason for claim / payment due



A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

David W. Horvitz	(1mm
Printed Name	Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.