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(((H240000007473)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FORSTERBOUGHMAN Account Number : I20140000076 Phone : (407)255-2055

Fax Number

: (407)264-8295

# DISS/TERM/CANCEL/REV OF LP/LLP PIACENTI FAMILY I, LTD.

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

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K. SALY JAN - 4 2024

From: Forster Boughman

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2661 Executive Center Circle

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### **COVER LETTER**

| TO: Regi                             | stration Section   |  |   |  |
|--------------------------------------|--|--|---|--|
| Division of                          | Corporations   |  |   |  |
| SUBJECT:                             | Piacenti Family 1, LLC   |  |   |  |
|                                      | (Name of Florida Limited I   | Partnership or Limited Liability Limite  | ed Partnurship)   |  |
|                                      | d Certificate of Dissolution<br>a all correspondence conce<br>er, Esq. | • •                                      | for filing.   |  |
|                                      | (Con   | tact Personi                             |   |  |
| FersterBoughn                        | nan  |  |   |  |
| <del> </del>                         | (Fin   | n/Company)                               |   |  |
| 2200 Lucien W                        | Vay. Suite 405   |  |   |  |
|                                      | (A   | ddress)                                  | <u>-</u>  |  |
| Maitiand, FL 3                       | 32751  |  |   |  |
|                                      | (City. State   | and Zip Code)                            | •   |  |
| For further in                       | nformation concerning this   | mauer, please call:                      |   |  |
| Gary A. Forste                       | r, Esq.  |  | 2055  |  |
|                                      | (Name of Contact Person)   | (Area Code) (Duy                         | rtime Telephone Number)   |  |
| Enclosed is a                        | a check for the following at   | nount:                                   |   |  |
| <b>■</b> S52.50 Filin                | g Fee \$61.25 Filing Fee<br>and Certificate of<br>Status               | S105.00 Filing Fee<br>and Certified Copy | S113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |
| STREET ADDRESS: Registration Section |  | MAILING A                                |   |  |
| Division of Corporations             |  | <del>-</del>                             | Registration Section Division of Corporations                       |  |

P. O. Box 6327

Tallahassee, FL 32314

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## CERTIFICATE OF DISSOLUTION FOR PIACENTI FAMILY 1, L'ID

(Document No. A930000000592)



Pursuant to the provisions of Sections 620.1203 of the Florida Statutes, the undersigned Florida limited partnership and hereby adopts the following Certificate of Dissolution:

#### FIRST: NAME OF LIMITED LIABILITY COMPANY

The name of the limited partnership is Piacenti Family 1, LTD (hereinafter referred to as the "LTD"). The tiling date of the Certificate of Limited Partnership was May 21, 1993.

#### SECOND: REASON FOR DISSOLUTION

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The reason for the dissolution is the expiration of the partnership pursuant to the Partnership Agreement.

#### THIRD: APPROVAL OF DISSOLUTION

The dissolution was approved by the General Partner of the limited partnership. The number of votes cast for dissolution was sufficient for approval.

#### FOURTH: EFFECTIVE DATE OF DISSOLUTION

The effective date of the LLC's dissolution is the date of the filing of this Certificate of Dissolution with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned General Partner affirms that, under penaltics of perjury, the facts stated herein are true, and the undersigned has executed this Certificate of Dissolution this 2th day of December

Peter V. Piacenti, General Partner