

A9300001064

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA
Account Number : I19980000066
Phone : (813)258-1177
Fax Number : (813)259-1106

**DISS/TERM/CANCEL/REV OF LP/LLP
OLSEN FAMILY PARTNERSHIP, LLLP**

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

4/8/22 10:33 AM
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CERTIFICATE OF DISSOLUTION FOR

Olsen Family Partnership, L.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 October 14, 1993, assigned Florida document number A93000001064, hereby submits this Certificate of Dissolution.

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

The general partner and all limited partners consented to dissolve the partnership pursuant to Florida Stat.

S. 620.1801(1)(b).

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

THIRD: Effective date, if other than the date of filing: n/a
(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.:

Bruce A. Olsen
By: Bruce A. Olsen, Manager of General Partner

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

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**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:

Olsen Family Partnership, L.L.P.

Description of information that must be included in a claim:

Name of claimant(s), date of claim, event giving rise to claim, amount claimed, and name, address, and

telephone number of contact to whom the partnership should reply regarding the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.

Att: Matthew R. Schroeder, Esq.

1700 South MacDill Avenue, Suite 200, Tampa, Florida 33629

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:

Bruce A. Olsen, Manager of General Partner

Printed Name



Signature

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

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