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#### **COVER LETTER**

10: Registrati	on Section		
Division of Corp	orations		
Cole <b>SUBJECT:</b>	man Family Properties, Ltd.		
30D3LC1	(Name of Florida Limited Par	rtnership or Limited Liabili	ty Limited Partnership)
	tificate of Dissolution a correspondence concern		
	(Conta	ct Person)	
Coleman Laboratori	es, Inc.		
	(Firm/	 Company)	
2111 Lakeside Drive			
	(Add	iress)	<del></del>
Orlando, FL, 32803			
	(City, State a	nd Zip Code)	
For further inform	nation concerning this n	natter, please call:	
Michael A Coleman		407	228-8400
	me of Contact Person)	at (	(Daytime Telephone Number)
(1144	ne of Contact ( (Son)	(Alea Code)	(Daytime Telephone (Number)
Enclosed is a che	ck for the following am	ount:	
\$52.50 Filling Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified C	

#### 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

Coleman Family Properties, Ltd.	
(Name of Florida Limited Partnership of	or Limited Liability Limited Partnership)
	on 620.1203. Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the ember 22, 1993, assigned Florida, hereby submits this Certificate of
<b>FIRST:</b> Reason for dissolution: (! The limited partnership has been dissolve	State why partnership is submitting dissolution) d.
	29.79.
SECOND: A Notice of Disso (Check box if a	- <u>-</u> 3
Department of State.)	e than 90 days after the date this document is filed by the Florida so not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p  Thum President  Coleman Laboratories, Inc.	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75