#495000000844

(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500269888865

02/26/15--01010--025 **52.50

ZOIS FEB 26 PM 5: 06

K. SALY EXAMINER MAR 11 2015

COVER LETTER

TO: Registration Division of O				
SUBJECT: ZE (Name of	V HOLDINGS Florida Limited Partnershi	LIMITED p or Limited Liability Limi	ted Partnership)	
The enclosed Certif	icate of Dissolution and	d fee(s) are submitted t	for filing.	
Please return all cor	respondence concernin	g this matter to:		
	(Contact Person)			
ZEV HOLI	(Firm/Company)	ITEN_		
7100 SW	(Address)			
	(City, State and Zip Code)			
For further informat	ion concerning this ma	atter, please call:		
LINDA D. (Name of Con	WACHTEL tact Person)	at (<u>954</u>) <u>5</u> (Area Code and D	S&7 0078 Paytime Telephone Number)	
Enclosed is a check	for the following amount	unt:		
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRES				
Registration Section				
Clifton Building	ision of Corporations ton Building Division of Corporations P. O. Box 6327			
2661 Executive Center Circle		Tallahassee, FL 32314		

Tallahassee, FL 32301

CERTIFICATE OF DISSOLUTION FOR

2015 FEB 26 PM 5: 06

ZEV HOLDIAL	65 Lim	ντ <i>ε</i> τλ	IALLAHASSE OF
(Name of Florida Limited Pa	irtnership or Limit	ed Liability Limited Pa	irtnership)
Pursuant to the provisions of section partnership or limited liability limite Florida Department of State on document number A9500000 Dissolution.	ed partnership.	whose certificate w	as filed with the
FIRST: Reason for dissolution: (S	State why partne	ership is submitting	g dissolution)
ALL ASSETS DI	STRIBUT	Έρ	
			_
			<u></u>
SECOND: A Notice of Disso (Check box if attack)		ed.	
THIRD: Effective date, if other than the c	late of filing:		<u> </u>
(Effective date cannot be prior to nor more Department of State.)	than 90 days afte	r the date this docume	nt is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person ap	pointed pursuant to)
Tuda Dreachtel	<u></u>		
	<u>.</u>		
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		
Filing Fee:	-		

NOTICE OF DISSOLUTION FOR

FILED 2015 FEB 26 PM 5: 06

FLORIDA LIMITED PARTNERSHIP

OR LIMITED LIABILITY LIMITED PARTNERSHIP

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability limited EE, FLORIDA 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:
ZEV HULDINGS, LIMITED
Description of information that must be included in a claim:
CLAIMANTS NAME, DESCRIPTION OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
LINDA D. WACHTEL 7100 SW 7th ST. PLANTATION, FL 33:
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:
LINDA D-WACHTER Vinda DWarted
Printed Name Signature

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