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KTL Fax 3055571934 >> 850-617-6381

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : KRAVITZ TALAMO & HEYTON, LLP
Account Number : I20150000096
Phone : (305)558-5300
Fax Number : (305)557-1934

**DISS/TERM/CANCEL/REV OF LP/LLP
THE KRAVITZ FAMILY PARTNERSHIP, LTD.**

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

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S. YOUNG

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Help

**CERTIFICATE OF DISSOLUTION
FOR****THE KRAVITZ FAMILY PARTNERSHIP 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 OCTOBER 18, 1995, assigned Florida document number A95000001568, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)no longer needed.**SECOND:** ☒ A Notice of Dissolution is attached.
(Check box if attached.)**THIRD:** Effective date, if other than the date of filing: _____*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

Signatures of each general partner or the person appointed pursuant to
s. 620.1803(3) or (4), F.S.:

[Signature]

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

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TALLAHASSEE, FLORIDA
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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:

THE KRAVITZ FAMILY PARTNERSHIP LTD.

Description of information that must be included in a claim:

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

7600 West 20th Avenue
Suite 213
Homestead, Florida 33066

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:

Harold P. Kravitz [Signature]
Printed Name Signature

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

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