## A9500001673

| (Requestor's Name)                      |
|---|
| (Address)                               |
|   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2020 J. 11 -2 PH 5: 40

R. WHITE JAN 2 9 2020

## **COVER LETTER**

|   | Registration<br>Division of C |   |            |   |          |  |  |
|---|-------------------------------|---|------------|---|----------|--|--|
| SUBJE   | <sub>CT:</sub> Mislic         | k Family Limited                                  | d Parti    | nership                                 | )        |  |  |
| •   |                               | of Florida Limited Partners                       |            |   |          | nited Partnership)   |  |
| The enc                                       | losed Statem                  | ent of Termination ar                             | nd fee(s)  | are subm                                | nitted f | or filing.   |  |
| Please t                                      | etum all cor                  | respondence concerni                              | ng this m  | natter to:                              |          |  |  |
| Jodie   | Gebhard                       | l   |            |   | _        |  |  |
|   |                               | (Contact Person)                                  |            |   |          |  |  |
| Mislic  | k Proper                      | ties LLC  |            |   |          |  |  |
| ,-  |                               | (Firm/Company)                                    |            |   | _        |  |  |
| 14 Ca   | arry Back                     | Road  |            |   |          |  |  |
|   |                               | (Address)   |            |   | _        |  |  |
| Ocala   | , FL 344                      | 32  |            |   |          |  |  |
|   | (                             | City, State and Zip Code)                         | 1          |   | _        |  |  |
| For furt                                      | her informat                  | ion concerning this ma                            | atter, ple | ase call:                               |          |  |  |
| Jodie Gebhard                                 |                               |   | at (       | 860                                     | , 304    | 4-7309   |  |
| (Name of Contact Person)                      |                               |   | (_         | (Area Cod                               | e and D  | aytime Telephone Number)   |  |
| Enclose                                       | ed is a check                 | for the following amo                             | nunt:      |   |          |  |  |
| \$52.50                                       | Filing Fee                    | S61.25 Filing Fee<br>and Certificate of<br>Status |            | 5.00 Filing<br>ertified Co              |          | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |  |
| STREET ADDRESS:                               |                               |   |            | MAILING ADDRESS:                        |          |  |  |
| Registration Section                          |                               |   |            | Registration Section                    |          |  |  |
| Division of Corporations                      |                               |   |            | Division of Corporations                |          |  |  |
| Clifton Building 2661 Executive Center Circle |                               |   |            | P. O. Box 6327<br>Tallahassee, FL 32314 |          |  |  |
|   | vecutive Cen<br>ssee, FL 323  |   |            | Tallaha                                 | assee, l | FL 32314   |  |
| ranana  | 8800, FL 323                  | )U I  |            |   |          |  |  |

## STATEMENT OF TERMINATION 2020 J. 11 - 2 PH 5: 40 **FOR**

## Mislick Family Limited Partnership

| (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 November 3, 1995, hereby submits this Statement of Termination. |
| The limited partnership or limited liability limited partnership has completed winding u its affairs and wishes to file a statement of termination.  |
| Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:  Jodie Gebland   |
| Eiling Foot  |

Filing Fee: Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75