

(Re	questor's Name)	
(Ad	dress)	
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(Ĉit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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2020 J...-2 PH 5: 34

R. WHITE JAN 2 9 2020

COVER LETTER

TO: Registration Section

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Division of Corporations

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SUBJECT: _____

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(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Jodie Gebhard

(Contact Person) Mislick Properties LEC (Finn/Company) 14 Carry Back Road (Address) Ocala, FL 34482

(City, State and Zip Code)

For further information concerning this matter, please call:

Jodie Gebhard	860	304-7309
	_at ()
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee and Certified Copy S113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 K

CERTIFICATE OF DISSOLUTION FOR

Mislick Family Limited Partnership	2020 111 - 2	PH 5: 34
(Name of Florida Limited Partnership or Limited Liability Lim	ited 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 ______, assigned Florida document number <u>A95000001673</u> ______, hereby submits this Certificate of Dissolution.

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

General Partner has withdrawn and all partners have consented to dissolution

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

- . .

9/30/2019 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.) 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.:

Xlehharc

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