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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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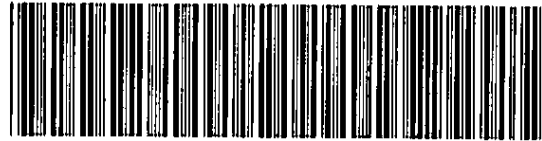
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 12 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FL

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* ALSO ADMITTED IN ILLINOIS

July 8, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: D.F. SMITH FAMILY, LTD. (Document Number: A95000001796)

Dear Sir or Madam,

Enclosed are a signed Certificate of Dissolution and a Notice of Dissolution for D.F. Smith Family, LTD., a Florida limited partnership, along with a check in the amount of \$52.50 to pay the filing fee for same. Kindly, file the enclosed to dissolve the Partnership.

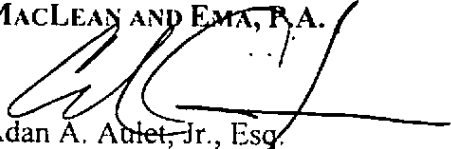
Please return all correspondence concerning this matter to:

D.F. SMITH FAMILY, LTD.
c/o MacLean and Ema, P.A.
2600 N.E. 14TH Street Causeway
Pompano Beach, Florida 33062

Please feel free to contact the undersigned should you have any questions or comments.

Very Truly Yours,

MACLEAN AND EMA, P.A.


Adan A. Aulet, Jr., Esq.
For the Firm

**CERTIFICATE OF DISSOLUTION
FOR**

D.F. SMITH FAMILY, 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 November 21, 1995, assigned Florida document number A95000001796, hereby submits this Certificate of Dissolution.

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

Consent of all general partners and of all limited partners pursuant to Fla. Stat., Section 620.1801(1)(b).

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.)

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.:

✓ Peggy J. Norfleet

PEGGY J. NORFLEET

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

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TALLAHASSEE, FL

**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:
D.F. SMITH FAMILY, LTD.

Description of information that must be included in a claim:

The nature and basis for the claim, amount of the claim, date the claim arose, the name, address, and
and contact information of the claimant.

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

2631 N.E. 47TH STREET

LIGHTHOUSE POINT, FL 33064

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:

PEGGY J. NORFLEET

Printed Name

✓ 
Signature

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

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TALLAHASSEE, FL