

A95 000002021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

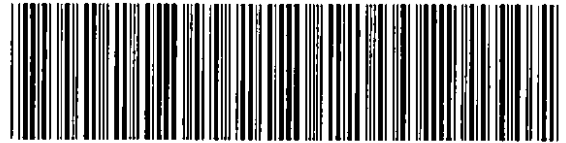
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/24--01028--005 **113.75

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2024 OCT 29 PM 1:59
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

**CERTIFICATE OF DISSOLUTION
FOR**

LURIE FAMILY PARTNERSHIP 1995, 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 December 22, 1995, assigned Florida document number A95000002021, hereby submits this Certificate of Dissolution.

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

Winding up business activities.

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

THIRD: Effective date, if other than the date of filing: December 31, 2024
(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.:

LURIE DEVELOPMENT, INC.

Glenn Lurie 10/28/24

by: Glenn Lurie, President

Filing Fee:

Certified Copy (optional):

Certificate of Status (optional):

\$52.50

\$52.50

\$8.75

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STATE OF FLORIDA
DEPARTMENT OF STATE

**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:
LURIE FAMILY PARTNERSHIP 1995, LTD.

Description of information that must be included in a claim:

A brief description of the nature of the claim, the amount of the claim, and the date the claim was incurred.

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

309 SE 4th Avenue, Delray Beach, FL 33483

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:

LURIE DEVELOPMENT, INC.

by: Glenn Lurie, President

Printed Name

Signature

 10/28/2024

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

2024 OCT 29 PM 1:59

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CLERK OF STATE
TALLAHASSEE, FL