

(R	equestor's Name)			
(Ad	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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SECRETARY OF STAFE
TAIL AHASSEE FLORID.

J. HARRIE

COVER LETTER

TO: Registration Section

Division of Corpo	rations		
SUBJECT:		oks Family Limited Partners	
	ificate of Dissolution a prespondence concern	and fee(s) are submitted ing this matter to:	for filing.
	(Contac	ct Person)	
	Steven	H. Kane	
The state of children and child	(Firm/C	Company)	
	150 Spartan I	Drive, Suite 100	
	(Add	ress)	
	Maitland, F	FL 32751	
	(City, State a	nd Zip Code)	
For further inform	ation concerning this n	natter, please call:	
Steven H. Kane		407 at (661-1177
(Nam	e of Contact Person)		sytime Telephone Number)
Enclosed is a chec	k for the following am	ount:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 3	on rations enter Circle	Registration	Corporations 327

CERTIFICATE OF DISSOLUTION FOR

Sarah E. Middlebrooks 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 01/30/1996 , assigned Florida Florida Department of State on document number A96000000225 , hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) Termination pursuant to the unanimous agreement of the general partner and all of the limited partners. **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.: aral & Mildebrooks Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

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: Sarah E. Middlebrooks Family Limited Partnership				
Description of information that must be income The amount of the claim, the date the claim are		ovided.		
Mailing address where claims can be sent:	(Claims cannot be sent to the Florida Department of S	State)	,	
c/o Margaret Λ. Y	oungblood			
120 W. 7th A	venue			
Windermere, F	L 34786	201 SE		
A claim against the above named limited p will be barred unless a proceeding to enfor 4 years after the filing of the notice.	partnership or limited liability limited ce the claim is commenced within	LAMP 16 PH		
Signature of a general partner or a principal of the successor entity:			m mare q	
Sarah E. Middlebrooks	Sarah & Mid	Office brown	m	
Printed Name	Signature			

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