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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SNYDER & SNYDER, P.A.

Account Number : I20160000107 Phone : (954)475-1139 Fax Number : (954)475-2634

DISS/TERM/CANCEL/REV OF LP/LLP NAOMI FAMILY PARTNERSHIP, LTD.

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COVER LETTER

TO: Registration Section	
Division of Corporations	
Naomi Family Partnership, Ltd SUBJECT:	í.
SUBJECT: (Name of Florida Limited	Purmership or Limited Liability Elmited Partnership)
The enclosed Certificate of Dissolution Please return all correspondence conce Kaley N. Barbera, Esq.	
(Co	ntact Person)
Snyder & Snyder, P.A.	
(Fir	m/Company)
7931 Orange Drive	
(8	Address)
Davie, Florida 33328	
(City, Stat	te and Zip Code)
For further information concerning this	s matter, please call:
Yani D. Riveron, FRP	954 475-1139 at ()
(Name of Contact Person)	at ()
Enclosed is a check for the following a	mount:
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassec, FL 32301

(((H200004391113)))

CERTIFICATE OF DISSOLUTION FOR

Naomi Family Partnership, Ltd.		
(Name of Florida Limited Partnership or	Limited Liabili	ty Limited Partnership)
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on May document number A96000000985 Dissolution.	ed partnership 28, 1996	Torida Statutes, this Florida limited by whose certificate was filed with the assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (S	State why part	tnership is submitting dissolution)
The Limited Partner of the Partnership is a	now deceased ar	nd all remaining assets of the Partnership
are required to be distributed and upon the	distribution of	all the assets, the Partnership shall be dissolved.
SECOND: A Notice of Disso (Check box if a		hed.
Department of State.)	e than 90 days a is not meet the a	pplicable statutory filing requirements, this date will
Signatures of each general partner or the p	erson appointed	pursuant to s. 620.1803(3) or (4), F.S.:
		Naomi, Inc., a Florida corporation, General Partne
		Bless LAdams
	_	Print Name: Nelson L. Adams, Director
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	