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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

DISS/TERM/CANCEL/REV OF LP/LLP THE DELMER DALLAS FAMILY LIMITED PARTNERSHIP

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CERTIFICATE OF DISSOLUTION for DELMER DALLAS FAMILY LIMITED PARTNERSHIP

Pursuant to Section 620.1203, Florida Statutes, the solo general partner of **DELMER DALLAS FAMILY LIMITED PARTNERSHIP**, a Florida limited partnership (the "Partnership"), which filed a Certificate of Limited Partnership with the Florida Department of State on July 17, 1996, effective June 17, 1996, submits this Certificate of Dissolution on behalf of the Partnership.

- 1. The Florida document number assigned to the Partnership by the Florida Department of State is A96000001348.
- 2. The solo general partner and all of the limited partners voted to voluntarily dissolve the Partnership on March 29, 2023.
 - 3. A Notice of Dissolution is attached as EXHIBIT A.
- 4. The effective date of this Certificate of Dissolution shall be the date it is filed with the Florida Department of State.

GENERAL PARTNER:

- Docusianed by: Quester D. B. There

Deborah D. McGehee, as Trustee of the Deborah D. McGehee Irrevocable Trust

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NOTICE OF DISSOLUTION for DELMER DALLAS FAMILY LIMITED PARTNERSHIP

This Notice of Dissolution is submitted by **DELMER DALLAS FAMILY LIMITED PARTNERSHIP**, a Florida limited liability limited partnership (the "*Partnership*"), to resolve and pay all unknown claims against the Partnership as provided in Section 620.1807, Florida Statutes.

ARTICLE I

The name of the Partnership is DELMER DALLAS FAMILY LIMITED PARTNERSHIP

ARTICLE II

The Partnership was voluntarily dissolved by all the general partners and limited partners on March 29, 2023.

ARTICLE III

Claims against the Partnership should be submitted to the address listed below. The following information must be included in each claim:

- 1. The name, address and telephone number of the claimant; and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
- 2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Partnership is liable therefor.
 - The harm suffered by claimant.

ARTICLE IV

Claims should be mailed to the Partnership at the following address:

Delmer Dallas Family Limited Partnership
501 Riverside Avenue
Suite 700
Jacksonville, Florida 32202

ARTICLE V

Claims against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

GENERAL PARTNER:

Robert D. N. The

Deborah D. McGehee, as Trustee of the Deborah D. McGehee Irrevocable Trust