

A96000002002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

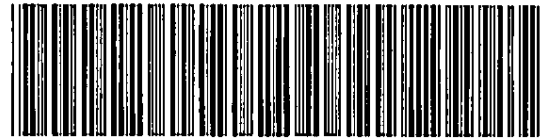
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/18/20--01015--002 **61.25

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2020 MAY 18 AM 6:50

CLERK OF COURT
JULIA S. ELLIOTT

JUN 09 2020

S. YOUNG

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Streiff Family Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Bruce R. Streiff

(Contact Person)

(Firm/Company)

18220 Ashford Oaks Dr.

(Address)

Wildwood, MO 63038

(City, State and Zip Code)

For further information concerning this matter, please call:

Bruce R. Streiff

at (

636

675-1135

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☒ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Streiff 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 Florida Department of State on 10/22/1996, assigned Florida document number A96000002002, hereby submits this Certificate of Dissolution.

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

Consent of all general and limited partners.

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

THIRD: Effective date, if other than the date of filing: 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.:

Ralph H. Streiff Revocable Trust
Ralph H. Streiff CO-TRUSTEE
[Signature] CO-TRUSTEE

Vera J. Streiff Revocable Trust
Vera J. Streiff CO-TRUSTEE
[Signature] CO-TRUSTEE

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

FILED
2020 MAY 18 AM 6:50
TALLAHASSEE
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:

Streiff Family Limited Partnership

Description of information that must be included in a claim:

Name and address of claimant, date of claim, brief description of claim.

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

Bruce R. Streiff

18220 Ashford Oaks Dr.

Wildwood, MO 63038

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:

Vern J. Streiff Receivable Trust

Printed Name

Bruce R. Streiff - Co Trustee

Signature - Co - Trustee

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