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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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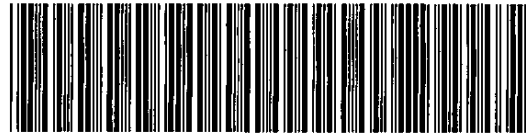
(Business Entity Name)

(Document Number)

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06 JUN 29 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES OF  
**NELSON & LEVINE, P.A.**

**Barry A. Nelson**  
Fellow, American College of  
Trust and Estate Counsel  
Master of Laws in Taxation  
Board Certified Taxation &  
Wills, Trusts & Estates

**Marcia E. Levine**  
Master of Laws in Taxation

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**OF COUNSEL**

**Richard B. Comiter**  
Master of Laws in Taxation  
Board Certified Taxation

**Judith S. Nelson**  
Former Judge of Compensation Claims  
\*\*\*\*\*

**Mirlene E. Dubreuz**  
Office Manager

June 21, 2006

**CERTIFIED MAIL 71054522644000001377**  
**RETURN RECEIPT REQUESTED**

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

**RE: Benjamin R. Siegal Family Holdings, Inc. and  
Benjamin R. Siegal Family Limited Partnership  
Our Reference No. 737 (E.2)**


To Whom It May Concern:

We have enclosed the following documents for filing:

1. Articles of Dissolution for Benjamin R. Siegal Family Holdings, Inc. along with a check made payable to the Florida Department of State in the amount of \$35.00 which covers the filing fees;
2. Statement of Termination for Benjamin R. Siegal Family Limited Partnership along with a check made payable to the Florida Department of State in the amount of \$52.50 which covers the filing fees.

Please acknowledge receipt of the enclosed documents by signing the acknowledgement copy of this letter and returning it to me. I have enclosed a self-addressed return envelope for your convenience.

Very truly yours,

  
LOURDES COSME  
Assistant to Marcia E. Levine

Enclosures

\\CLIENTS\SIEGAL\LETTERS\2006-6-21 DIV OF CORP.DOC

Receipt of the aforementioned documents is hereby acknowledged this \_\_\_ day of June, 2006.

**DEPARTMENT OF STATE**

By: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Benjamin R. Siegal Family Limited Partnership  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Barry A. Nelson, Esq.

(Contact Person)

Nelson & Levine, P.A.

(Firm/Company)

2775 Sunny Isles Boulevard, Suite 118

(Address)

North Miami Beach, FL 33160

(City, State and Zip Code)

For further information concerning this matter, please call:

Barry A. Nelson, Esq. at ( 305 ) 932-2000

(Name of Contact Person)

(Area Code and 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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STATEMENT OF TERMINATION  
FOR

**Benjamin R. Siegal 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 January 24, 1997, hereby submits this Statement of Termination.

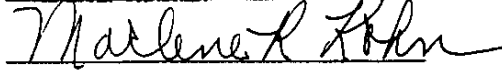
The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

TED A. SIEGAL, CO-PRESIDENT,  
BENJAMIN R. SIEGAL FAMILY HOLDINGS, INC.,  
GENERAL PARTNER



MARLENE R. KOHN, CO-PRESIDENT,  
BENJAMIN R. SIEGAL FAMILY HOLDINGS, INC.,  
GENERAL PARTNER



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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