

A 97000000546

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZART
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

DISS/TERM/CANCEL/REV OF LP/LLP
SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

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J. SAULSBERRY
EXAMINER

SEP 16 2010

**CERTIFICATE OF DISSOLUTION
FOR****SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.**

(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 02/26/1997, assigned Florida document number A97000000546, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)**The General Partner and at least 51% of the Limited Partners, as required by the****Partnership's Agreement of limited partnership, have approved the dissolution.****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.)

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

By: _____

Seema Zimmerman, President**Filing Fee: \$52.50**
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75FILED
2010 SEP 15 AM 10:19
TALLAHASSEE, FLORIDA

**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:

SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.

Description of information that must be included in a claim:

NAME OF CLAIMANT:

ADDRESS OF CLAIMANT:

AMOUNT OF CLAIM:

NATURE OF CLAIM (ATTACH COPIES)

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

SEEMA ZIMMERMAN FAMILY INVESTMENT CO., LTD.

c/o Seema Zimmerman

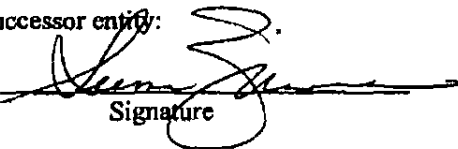
10409 Greenhedges Drive

Tampa, FL 33626

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:

SZF, Inc., by Seema Zimmerman, President
Printed Name


Signature

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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