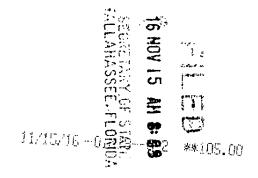
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(Requestor's Name)			
(Address)			
(Ad	ldress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MULDOON FAMILY	Y LIMITED			
PARTNERSHIP				
···			· · · · · · · · · · · · · · · · · · ·	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			·	Art. of Amend. File
				RA Resignation
			X	Dissolution/Withdrawal_LP
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			<u></u>	Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: SETH	11/15			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier
•			L	

COVER LETTER

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TO:	Registration S Division of C					
SUBJE		OON FAMILY LI				
	·	•	•		-	••
The en	closed Certific	cate of Dissolution and	i fee(s)	are subn	nitted to	r filing.
Please	return all corre	espondence concernin	g this r	natter to:		
MORRI	S ENGELBERO	S, ESQUIRE			_	
		(Contact Person)				
M. ENG	ELBERG & L.				_	
		(Firm/Company)				
3800 S	OUTH OCEAN	DRIVE, #217				
		(Address)				
HOLLY	WOOD, FL 330	019				
	((City, State and Zip Code)			-	
For fur	ther information	on concerning this ma	itter, pl	ease call:		
MORRIS ENGELBERG, ESQUIREat (954) 966-3900						
	(Name of Conta	ct Person)			e and Day	ytime Telephone Number)
Enclose	ed is a check f	or the following amou	ınt:			
\$52.50) Filing Fee	\$61.25 Filing Fee and Certificate of Status		5.00 Filing ertified Co		☐ \$113.75 Filing Fee, Certified Copy; and Certificate of Status
STRE	ET ADDRES	S:		MAIL	ING A	DDRESS:
Registration Section		Registration Section				
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314						
Tallaha	issee, FL 3230	01			•	

CERTIFICATE OF DISSOLUTION FOR

MULDOON FAMILY LIMITE (Name of Florida Limited P			ership)	O
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on API document number A97000000914 Dissolution.	ed partnership RIL 9, 1997	, whose certificate was	filed with the gned Florida	
FIRST: Reason for dissolution: (S	State why part	nership is submitting di	ssolution)	
The General Partners and all of the Lin	nited Partners o	determined it was in their	respective	
best interests to dissolve the limited pa	rtnership.	·		
SECOND: A Notice of Disso (Check box if atta		hed.		
THIRD: Effective date, if other than the	late of filing:			
(Effective date cannot be prior to nor more Department of State.)	e than 90 days af	fter the date this document is	filed by the Florida	AON 91
Signatures of each general partner of s. 620 1803(3) or (4), F.S.:	or the person a	appointed pursuant to	SSEC.	CA Property
JOAN NUTHMANN JERUS	na Taxtner —	PETER MULDOON	FLORIDA	# [T]
Filing Fee:	\$52.50 \$52.50			
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75			

CERTIFICATE OF DISSOLUTION **FOR**

MULDOON FAMILY LIMITE (Name of Florida Limited Pa	ED PARTNERSHIP artnership or Limited Liability Limited Partnership)	Ð
partnership or limited liability limite Florida Department of State on APF	an 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the RIL 9, 1997, assigned Florida, hereby submits this Certificate of	
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)	
The General Partners and all of the Lin	nited Partners determined it was in their respective	
best interests to dissolve the limited pa	rtnership.	
SECOND: A Notice of Disso (Check box if attack)		
THIRD: Effective date, if other than the d	late of filing:	
(Effective date cannot be prior to nor more Department of State.)	than 90 days after the date this document is filed by the Flerida	S I AON 9.
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	5 AH &
	The will be the X	6 0
JOAN NUTHMANN	PETER MULDOON 1.	
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	

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:

MULDOON FAMILY LIMITED PARTNERSHIP	•
Description of information that must be included in a claim:	
Name, street address, mailing address, and telephone number of claimant.	. <u></u>
Nature of claim.	·
Amount of claim.	
Evidence of the indebtedness and/or claim.	
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	16.1 E
MORRIS ENGELBERG, ESQUIRE	VOV
M. ENGELBERG & L. MILGRIM, P.A.	SEE SEE
3800 SOUTH OCEAN DRIVE, SUITE 217	FEST PO
HOLLYWOOD, FL 33019	8

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 succession	ccessor entity.
JOAN NUTHMANN	Joan Willown
Printed Name	Signature / Wathington

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