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Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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DISS/TERM/CANCEL/REV OF LP/LLP  
THE HOWARD AND MARILYN WIENER FAMILY LIMITED  
PARTNER

Certificate of Status	0
Certified Copy	1
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE HOWARD AND MARILYN WIENER 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:

Brenda M. Crandell, Esq.  
(Contact Person)  
Tashlik, Kreutzer, Goldwyn & Crandell P.C.  
(Firm/Company)  
40 Cuttermill Road, Suite 200  
(Address)  
Great Neck, New York 11021  
(City, State and Zip Code)

For further information concerning this matter, please call:

Brenda M. Crandell, Esq. at (516) 466-8005  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee<br>and Certificate of<br>Status | <input type="checkbox"/> \$105.00 Filing Fee<br>and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certified Copy, and<br>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

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION  
FOR**

THE HOWARD AND MARILYN WIENER 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 June 27, 1997, assigned Florida document number A97000001428, hereby submits this Certificate of Dissolution.

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

The Managing General Partner, pursuant to the authority given to her under the Agreement of Limited

Partnership dated June 25, 1997, has determined that it is advisable to dissolve The Howard and Marilyn

Wiener Family Limited Partnership

**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.:

Marilyn F. Wiener  
Marilyn F. Wiener

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

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TALLAHASSEE, FLORIDA

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