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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 : HANKINS NORTHWOOD ROMAN WENZEL P.L.
Account Number : I20090000077
Phone : (561) 862-4118
Fax Number : (561) 862-4960

**DISS/TERM/CANCEL/REV OF LP/LLP
MCANDREW FAMILY LIMITED PARTNERSHIP**

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

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B. BOSTICK

DEC 13 2010

EXAMINER

12/10/2010

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CERTIFICATE OF DISSOLUTION FOR

McAndrew 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 A07000001430, hereby submits this Certificate of Dissolution.

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

Unanimous consent of all limited partners and the general partner for dissolution has been obtained.

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

THIRD: Effective date, if other than the date of filing: December 31, 2010

(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.:

x Nancy McAndrew
Nancy McAndrew, General Partner

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

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**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:

McAndrew Family Limited Partnership

Description of information that must be included in a claim:

Any claim must state the nature of the alleged claim, the amount of the alleged claim, a description
of the facts giving rise to alleged claim, identification of pertinent dates, and copies of all
documents pertinent to or supporting the alleged claim.

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

Paul E. Roman, Esq.

Hankins Northwood Roman Wenzel P.L.

1800 N. Military Trail, Suite 160

Boca Raton, Florida 33431

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TALLAHASSEE, FLORIDA

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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:

Nancy McAndrew, General Partner

Printed Name

x Nancy McAndrew

Signature

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

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