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(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
					

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

TO: Registration Section **Division of Corporations**

SUBJECT: <u>Leo Goldman & Beatrice Goldman Family Limited Partnership</u> (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:

January 186 Caral						
Howard W. Segal	(Contact Person)			_		
Howard W. Segal, P.	C.					
	(Firm/Company)					
845 Third Avenue, S	uite 1740					
	(Address)					
New York, NY 10022	!					
• • • • • • • • • • • • • • • • • • • •	(City, State and Zip Code)					
For further informa	tion concerning this m	atter, pl	ease call		3-3880	
(Name of Contact Person)		(Area Code and Daytime Telephone Number)				
Enclosed is a check	for the following amo	unt:				
\$52.50 Filing Fee	☑ \$61.25 Filing Fee and Certificate of Status		05.00 Filir Certified C		\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS:		MAILING ADDRESS:				
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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

(Name of Florida Limited P	Oldman Fal artnership or Lin	mily Limited Partnership
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on Aug document number A97000001775 Dissolution.	ed partnership gust 18, 1997	lorida Statutes, this Florida limited b, whose certificate was filed with the, assigned Florida reby submits this Certificate of
FIRST: Reason for dissolution: (S	State why part	nership is submitting dissolution)
Mitchell Goldman, a General Partner d	lied February 1	6, 2010. The Partnership Agreement requires the
dissolution of the Family Limited Partne	ership upon the	death of a General Partner.
SECOND: A Notice of Disso (Check box if atta		hed.
THIRD: Effective date, if other than the	date of filing:	•
(Effective date cannot be prior to nor more Department of State.)	e than 90 days af	ter the date this document is filed by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person a	Andrew ddm, Exector
Laura Chasin		Barbara Goldman, Executrix
		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	TALLAH PH
		ြို့် ယ ြို့

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:
Leo Goldman & Beatrice Goldman Family Limited Partnership
Description of information that must be included in a claim:
Claimant, amount of claim, description of claim and supporting documents.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
Leo Goldman & Beatrice Goldman Family Limited Partnership
c/o Howard W. Segal, P.C.
845 Third Avenue, Suite 1740
New York, NY 10022
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:
Laura Chasin Laura Charin
Printed Name Signature

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