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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

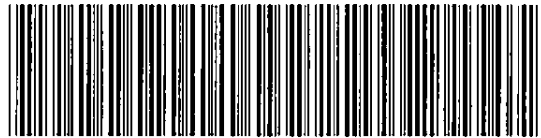
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.
(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:
SARA M. STEIN

(Contact Person)

BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.

(Firm/Company)

1813 NW 35TH WAY

(Address)

GAINESVILLE, FLORIDA 32605

(City, State and Zip Code)

For further information concerning this matter, please call:

SARA M. STEIN at (352) 278-6828
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and 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

**CERTIFICATE OF DISSOLUTION
FOR**

BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, 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 September 11, 1997, assigned Florida document number A97000001958, hereby submits this Certificate of Dissolution.

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

The consent of all general partners and of all limited partners.

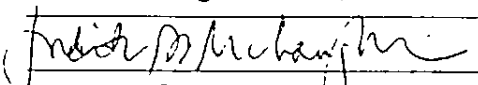
SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

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.)

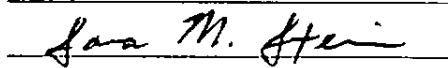
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Block McLaughlin Stein, LLC


by Judith B. McLaughlin, Manager

Block McLaughlin Stein, LLC


by Sara M. Stein, Manager

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$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:
BLOCK FAMILY PARTNERSHIP OF GAINESVILLE, LTD.

Description of information that must be included in a claim:

Claims must include: (1) the name, address, and contact information of the claimant:

(2) the basis for the claim; (3) the amount of such claim; and (4) the date the claim arose.

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

SARA M. STEIN

1813 NW 35TH WAY

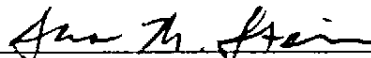
GAINESVILLE, FLORIDA 32605

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:

SARA M. STEIN, Manager of Block McLaughlin Stein, LLC

Printed Name



Signature

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