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COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations				
SUBJECT: NICHOLAS F. BEUCHER FAMILY PARTNERSHIP, LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership)				
The enclosed Certificate of Dissolution Please return all correspondence conce Scott Line	•			
(Co	ntact Person)			
S Line, LLC, General Partner				
(Fir	m/Company)			
1390 Fern Avenue				
(7	Address)			
Orlando, FL 32814				
(City, Stat	te and Zip Code)			
For further information concerning this	s matter, please call:			
Scott Line	407 493-1895 at ()			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following a	mount:			
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certificate of Status			
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			

CERTIFICATE OF DISSOLUTION FOR

NICHOLAS F. BEUCHER FAMILY PARTNERSHIP, LLLP

CERTI	FICATE OF DISSOLUTION	<u>^</u>
	FOR	2024 100 //
NICHOLAS F. BEUCHER FAMILY PA	RTNERSHIP, LLLP	"" ? E
(Name of Florida Limited Partnership o	or Limited Liability Limited Partnership)	2024 APR 26
partnership or limited liability limit Florida Department of State on <u>12</u>	on 620.1203. Florida Statutes, this Florida partnership, whose certificate was 2/31/1997, as, hereby submits this Certificate was a submit of the certificate was a submit of	s filed with the signed Florida
FIRST: Reason for dissolution: (State why partnership is submitting of	dissolution)
No longer owns any assets and no longer	conducts business.	
SECOND: A Notice of Disso (Check box if a		
THIRD: Effective date, if other than th	ne date of filing:	
(Effective date cannot be prior to nor mor	e than 90 days after the date this document	is filed by the Florida
Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	es not meet the applicable statutory filing re- late on the Department of State's records.	quirements, this date will
S Line LLC, General Partin	person appointed pursuant to s. 620.1803(3)	or (4), F.S.:
Scattline Member		
Liling Foot	S52 50	
Filing Fee: Certified Copy (optional):	\$52.50 \$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 I NICHOLAS F. BEUCHER FAMILY LIMITED PA	
Description of information that must be incl	luded in a claim:
Name, contact information, and details of claim.	
Mailing address where claims can be sent:	(Claims cannot be sent to the Florida Department of State.)
1390 Fern Avenue, Orlando, FL 32814, Attn: Scott	Line
A claim against the above named limited pa will be barred unless a proceeding to enforc 4 years after the filing of the notice.	artnership or limited liability limited partnership e the claim is commenced within
Signature of a general partner or a principal	of the successor entity:
SLine, LCC	1.10 1
by: Scott Line Member Printed Name	Signature

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