

A98000000PS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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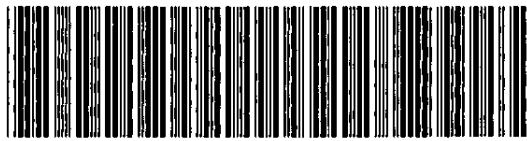
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EXAMINER, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT: The M. B. Smith 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:

Sandra S. Kraft

(Contact Person)

The M. B. Smith Family Limited Partnership

(Firm/Company)

9490 NE 60th St

(Address)

Bronson, FL 32621

(City, State and Zip Code)

For further information concerning this matter, please call:

Sandra S. Kraft

at ( 352 ) 486-3247

(Name of Contact Person)

(Area Code and 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**

## The M. B. Smith 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 January 20, 1998, assigned Florida document number A98000000195, hereby submits this Certificate of Dissolution.

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

The only Limited Partner died on March 15, 2011.

**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.: 

Sandie S. Kuehl

pointed pursuant to

**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:

The M. B. Smith Family Limited Partnership

Description of information that must be included in a claim:

1. The claim must specify the goods or services provided.
2. The date of the goods or services provide.
3. The name of the person requesting/authorizing the goods or services provided.
4. The dollar amount of the calim.

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

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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:

Sandra S. Kraft

Printed Name

Sandra S. Kraft

Signature

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