

**A98000002748**

Florida Department of State  
Division of Corporations  
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(((H11000236781 3)))



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To:

Division of Corporations  
Fax Number : (850)617-6303

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2092

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DISS/TERM/CANCEL/REV OF LP/LLP  
DRK FAMILY LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
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Fax Audit #(((H11000236781 3)))

CERTIFICATE OF DISSOLUTION  
FORDRK 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 DECEMBER 14, 1998, assigned Florida document number A98000002748, hereby submits this Certificate of Dissolution.

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

UNANIMOUS CONSENT OF PARTNERSSECOND: ☒ 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  
§ 620.1803(3) or (4), F.S.:

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

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TALLAHASSEE, FLORIDA

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Fax Audit #(((H11000236781 3)))

**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:

DRK FAMILY LIMITED PARTNERSHIP

Description of information that must be included in a claim:

IDENTIFICATION OF PARTY

CONTACT INFORMATION FOR PARTY

DETAILED DESCRIPTION OF CLAIM

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

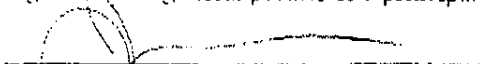
BLALOCK WALTERS, P.A.


802 11TH STREET WEST

BRADENTON, FLORIDA 34206

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:

  
Printed Name

  
Signature

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

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