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COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: S. Mark Levine Family Limited Partnership (Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Steven H. K	ane			
	(Contact Person)		4 -	
Kane and K	oltun, Attorney (Firm/Company)	s at Law	07 AUG 21 SECRE FAR ALLAHASS	
557 N Wymo	ore Road, Suit	e 100	AUG 24 PM 3: 48 CRE FANY OF STATE AHASSEE, FLORIO	
Maitland, FL	(Address) . 32751 (City, State and Zip Code)	<u> </u>	3: 48 TATE ORIDA	
For further informa	tion concerning this m	atter, please call:		
S. Mark Lev	ine	at (321) 66	63-6472	
	Contact Person)		Daytime Telephone Number)	
Enclosed is a check	for the following amo	ount:		
\$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 ADDRES	SS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee,	FL 32314	
Tallahassee, FL 32	301		•	

STATEMENT OF TERMINATION FOR

S. MARK LEVINE FAMILY LIMITED PARTNERSHIP

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Filing Fee:	\$52.50		E.F.C	24 PH 2:
Signatures of each general partner s. 620.1803(3) of (4), B.S.	or the pers	on appointed pursuant		07 AUG 24
The limited partnership or limited its affairs and wishes to file a state			completed winding	up
Pursuant to the provisions of section partnership or limited liability limited Florida Department of State on Statement of Termination.				; nis

\$52.50 \$8.75

Certified Copy (optional): Certificate of Status (optional):