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(((H23000415130 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (800)432-3622

DISS/TERM/CANCEL/REV OF LP/LLP WILLIAM AND AGNES BROWN FAMILY, LTD.

Certificate of Status	0
Certified Copy	1
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## CERTIFICATE OF DISSOLUTION FOR

William and Agnes Brown Family, Ltd.	Note that the second of the se
(Name of Florida Limited Partnership or	Limited Liability Limited Partnership)
partnership or limited liability limited	n 620.1203, Florida Statutes, this Florida limited ed partnership, whose certificate was filed with the 113, 1999, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (S	State why partnership is submitting dissolution)
Upon careful review and assessment, all G	General and Limited Partners have consented to dissolve the
Limited Partnership.	
SECOND: A Notice of Dissol (Check box if as	
Department of State.)	s not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the power william and Agnes Brown Family Corp	erson appointed pursuant to s. 620.1803(3) or (4), F.S.:  coration William and Agnes Brown Family Corporation  personally:
By Allenter & Holden, Jr. Its: Shareholder	Byrikisheri ha Brown Its: Shareholder
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75

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## 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: William and Agnes Brown Family, Ltd.
Description of information that must be included in a claim:
Name of claimant, date of claim, amount of claim, description of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)
5608 N.W. 43rd Street
Gainesville, FL 32653
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: William and Agnes Brown Family Corporation
Charles I. Holden, Jr., Shareholder
Printed Name Signature

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