

A99000000901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222


MITCHELL FAMILY PARTNERSHIP, LTD

Please Debit FCA000000003 For: 52.50

Thank you Seth Neeley



- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**CERTIFICATE OF DISSOLUTION  
OF  
MITCHELL FAMILY PARTNERSHIP, LTD**  
*A Florida Limited Liability Partnership*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, as the members of MITCHELL FAMILY PARTNERSHIP, LTD, a Florida limited partnership, execute the following Certificate of Dissolution pursuant to section 605.0707(3) of the Florida Revised Uniform Limited Partnership Act ("the Act"):

- FIRST: The name of the Partnership is MITCHELL FAMILY PARTNERSHIP, LTD (the "Partnership").
- SECOND: The document number of the Partnership is: A99000000901
- THIRD: The file date of the Certificate of Limited Partnership: 06/7/1999
- FOURTH: All of the general and limited partners of the Partnership have consented to the dissolution of the Partnership and authorized the General Partner to execute this Certificate on October 25, 2023 pursuant to Section 620.1801(1)(b).
- FIFTH: The sole General Partner of the Partnership, Mitchfield Company, a Florida corporation, hereby files this Certificate of Dissolution, pursuant to Section 620.1203(1).
- SIXTH: The net assets of the Partnership remaining after winding up have been distributed to the partners of the Partnership.

A Notice of Dissolution is attached.

EXECUTED: Dated this 15<sup>TH</sup> day of December, 2023.

Mitchfield Company, General Partner

By:   
Name: ~~Sheldon Brown~~, its President

**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:

Mitchell Family Partnership, LTD

Description of information that must be included in a claim:

Name, address and telephone number of claimant

The basis of the claim, whether by contract or otherwise.

The amount of the claim and any basis for interest charges.

Place for payment of claim.

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

Mitchfield Company

67 Novella Drive

Winchester, TN 37398

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TALLAHASSEE, FLORIDA

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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 notice.

Signature of a general partner or a principal of the successor entity:

Sheldon Brown, President of Mitchfield Company

Printed Name

Signature

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50