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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLORID.

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T. CLINE
MAR 2 3 2011

EXAMINER

## **COVER LETTER**

Division of Corporations						
	Arnold Family Lar					
The enclosed Certi	ficate of Dissolution ar	nd fee(s) are submitted	for filing.			
Please return all co	rrespondence concerni	ng this matter to:				
Robert M. Ar						
Henry Arnold	(Contact Person) Ford Company,	Inc				
P.O. Box 155	(Firm/Company) (5323 Brown S	Street)				
	(Address)					
Graceville,	Florida 3244	10				
	(City, State and Zip Code)			7.0 N		
For further informa	ntion concerning this m	atter, please call:		2011 MAR 2 SECRETAR ALLAHASS		
Mary SMith			3-3271	<u>~~</u> _		
(Name of Co	ntact Person)	(Area Code and D	Daytime Telephone	Number)		
Enclosed is a check	for the following amo	unt:		9: 5 STATE ORIG		
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	☐ \$105.00 Filing Fee and Certified Copy	☐ \$113.75.Filin Certified Copy, Certificate of S	, and		
STREET ADDRESS:		MAILING	ADDRESS:			
Registration Section		Registration Section				
Division of Corporations			Corporations			
Clifton Building 2661 Executive Center Circle		P. O. Box 63				
Tallahassee, FL 32		Tallahassee,	FL 32314			

## CERTIFICATE OF DISSOLUTION **FOR**

	nd Limited Partnership	
(Name of Florida Limited P	Partnership or Limited Liability Limited Partner	ship)
partnership or limited liability limit Florida Department of State on 1	on 620.1203, Florida Statutes, this Florida ed partnership, whose certificate was fi 2/23/1999 , assign assign, hereby submits this Certificate.	led with the ned Florida
FIRST: Reason for dissolution: (5	State why partnership is submitting diss	olution)
General Partner, Willi	am H. Arnold, passed away	•
	,	SEC FALL
, , ,		RE TA
SECOND: A Notice of Disso	olution is attached.	SSEE, F
(Check box if atta		STATI
THIRD: Effective date, if other than the	date of filing:	<u>D</u> . <b>6</b> 5
(Effective date cannot be prior to nor more Department of State.)	e than 90 days after the date this document is fi	led by the Florida
Signatures of each general partner of s. 620.1803(3) or (4), F.S.:	or the person appointed pursuant to	
folat m. funco	2	
Filing Fee: Certified Copy (optional):	\$52.50 \$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 Arnold Family Land Limited Partnership		<b>-</b> ·
Description of information that must be included in a claim:	SEC	5
	RE TAI	7 115.81
	RY OF SEE.	-
	STA	ų
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)	DA J.J.	9
Henry Arnold Ford Company, Inc.		_
P.O. Box 155		_
Graceville, Florida 32440		_
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 4 years after the filing of the notice.	l within	_
Signature of a general partner or a principal of the successor entity:	•	
Robert M. Arnold Printed Name Signature	as	2

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

TICED