

**L030000 39857**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

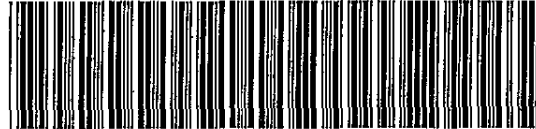
(Business Entity Name)

(Document Number)

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02/02/04--01010--008 \*\*25.00

FILED  
04 JAN 30 AM 10:06  
TALLAHASSEE, FLORIDA

To: Registration Section, Division of Corporations  
P.Box 6327  
Tallahassee, FL 32314

January 27, 2004

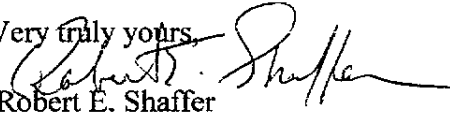
From: Kovnick Family Partnership, LLC  
c/o Robert E. Shaffer  
368 Caddie Dr.  
DeBary, FL 32713

FILED  
04 JAN 30 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Gentlemen:

As per the enclosed "Articles Of Dissolution For A Limited Liability Company", we are requesting said dissolution as unanimously agreed on among the partners. I have also enclosed a check in the amount of \$25.00. You may contact me at the above address or by telephone at (386) 774-5220.

Very truly yours,

  
Robert E. Shaffer  
Partner

**ARTICLES OF DISSOLUTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is KOVNICK FAMILY PARTNERSHIP, LLC

2. The effective date of the limited liability company's dissolution is FEBRUARY 10, 2004

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to  
0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

By consent of the members of the LLC pursuant to Florida Statute 608.441(1)(c)

Those members have signed below.

4. **CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their  
respective rights and interests.

6. **CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree, which may  
be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the  
dissolution:

Signature

Robert E. Shaffer  
William A. Shaffer  
Shirley J. Schiff

Typed or Printed name

Robert E. Shaffer

William A. Shaffer

Shirley J. Schiff

**Filing Fee: \$25.00**