

A96000001809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

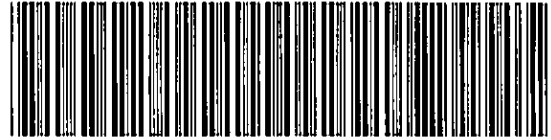
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320652076

11/13/18--01023--020 **61.25

2018 NOV 13 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Ridgewood Partners, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.
 Please return all correspondence concerning this matter to:

(Contact Person)

Ronald Goldstein, Managing General Partner

(Firm/Company)

26101 Village Lane, #206

(Address)

Beachwood, OH 44122

(City, State and Zip Code)

For further information concerning this matter, please call:

Ronald Goldstein at (216) 744-9187
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$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 ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P. O. Box 6327
 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION
FOR

FILED

Ridgewood Partners, Ltd.

2018 NOV 13 AM 9:59

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

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on _____, assigned Florida document number _____, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

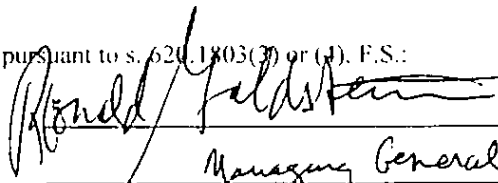
The partnership has terminated all of its business interests.

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1203(3) or (4), F.S.:



Managing General Partner

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75