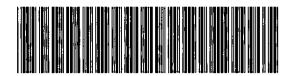
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(Re	equestor's Name)				
(Ad	ldress)				
(Ac	idress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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1. HARRIS

COVER LETTER

+

TO: Registration S Division of C					
SUBJECT: FGAF (Name of)	<mark>R, Ltd</mark> Florida Limited Partnersh	ip or Limited L	iability	Limit	ed Partnership)
The enclosed Certific	cate of Dissolution an	d fee(s) are s	ubmit	tted fo	or filing.
Please return all corr	espondence concerni	ng this matter	r to:		
Elaine Hewitt					
	(Contact Person)				
Flynn Management Co	rporation				
	(Firm/Company)				
516 Lakeview Road, L	Init 8				
	(Address)				
0					
Clearwater, FL 33756	City, State and Zip Code)				
(,	city, State and Zip Code)				
For further informati	on concerning this m	atter, please	call:		
Elaine Hewitt		at (727)	449-	-1182
(Name of Conta	act Person)		Code a	and Da	ytime Telephone Number)
Enclosed is a check	for the following amo	ount:			
\$52.50 Filing Fee	✓ \$61.25 Filing Fee and Certificate of Status	\$105.00 I and Certifie			\$113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRES	S:	М	AILI	NG A	ADDRESS:
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building			P. O. Box 6327		
2661 Executive Cent		Та	ıllahas	ssee, l	FL 32314
Tallahassee, FL 323	01				

CERTIFICATE OF DISSOLUTION FOR

FGAR, Ltd.		
(Name of Florida Limited	d Partnership or Limite	d Liability Limited Partnership)
Pursuant to the provisions of sect partnership or limited liability lin Florida Department of State on	nited partnership, v September 19, 2011	whose certificate was filed with the, assigned Florida
FIRST: Reason for dissolution:	(State why partner	rship is submitting dissolution)
no change in ownership		
SECOND: A Notice of Dis (Check box if a		d.
THIRD: Effective date, if other than th	ne date of filing:	·
(Effective date cannot be prior to nor m Department of State.)	ore than 90 days after	the date this document is filed by the Florida
Signatures of each general partners. 620.1803(3) or (4), F.S.:	er or the person app	ointed pursuant to
		
Filing Fee:	\$52.50	
Certified Copy (optional):	\$52.50	_

\$8.75

Certificate of Status (optional):

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