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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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D. SCOTT
AUG 31 2017

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ENTITY NAME:

DAVIS ASSOCIATES AND PARTNERS LTD.

CH# 4290 FOR $52.50

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

CERTIFICATE OF DISSOLUTION
FOR

Davis Associates and Partners, Ltd., LLLP

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

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 January 3, 2001, assigned Florida document number A01000000059, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: [illegible]

All assets have been distributed.

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

THIRD: [illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable [illegible] date [illegible] listed as the document's effective date on the Department of State's records.

Signature of each general partner or the person appointed [illegible]

Joseph I. Davis Jr.

JOSEPH I. DAVIS, JR.

Filing Fee:	$52.50
Certified Copy (optional):	$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:
Davis Associates and Partners, Ltd., LLLP

Description of information that must be included in a claim:

Name and address of claimant; Amount of claim; when amount claimed [illegible]; whether [illegible]

contingent; whether the claim is secured, and the security

Mailing address [illegible] be sent [illegible]

1092 S.W. 100th Avenue, Miami, FL 33176

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 [illegible] days after the filing of the notice.

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

[illegible]

Printed Name

Joseph I. Davis
Signature

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