

AD1000000089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

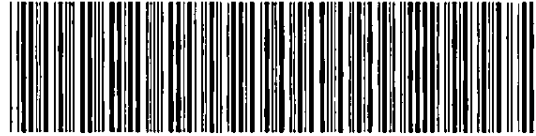
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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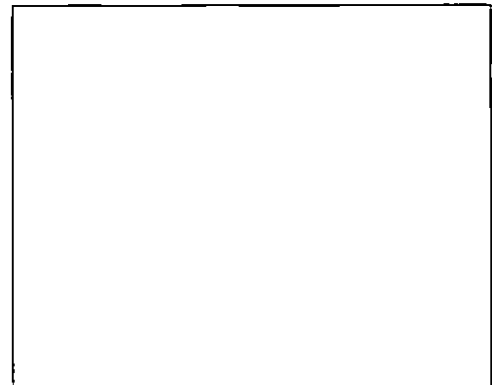
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D. SCOTT
AUG 31 2017

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

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., L.L.P.

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

Pursuant to the provisions of section 620.4203, 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.

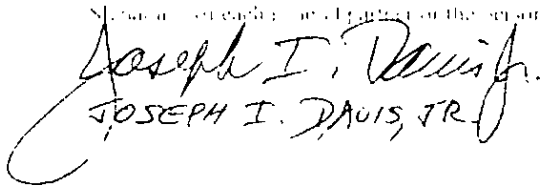
FIRST: Reason for dissolution: State why partnership is submitting this certificate. All assets have been distributed.

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

THIRD: Effective date of dissolution: May 1, 2001.
(Effectiveness of dissolution is not retroactive to the date of filing with the Department of State.)

Note: If the date inserted in this block does not require approval by the Department of State, the date inserted in this block is the document's effective date on the Department of State's records.

Signature of each member of the partnership or person appointed to represent the partnership:


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., L.L.P.

Description of information that must be included in a claim:

Name and address of claimant; Amount of claim; when amount claimed; date when claim is due; contingent, whether the claim is secured, and the security.

Mailing address where claims can be sent: Davis Associates and Partners, Ltd., L.L.P.

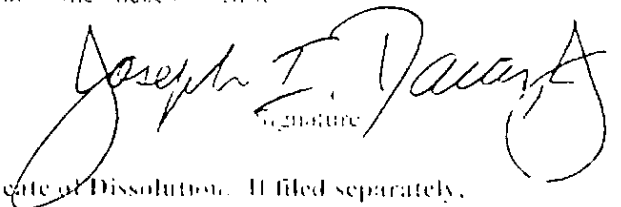
1928 S.W. 100th Avenue, Miami, FL 33176

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 4 months after the filing of this notice.

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

Printed Name

Printed Name


Signature

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