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COVER LETTER ;

TO: Registration Section	
Division of Corporations	
D'ANDREA FAMILY LIMITED PARTNERSHIP SUBJECT:	
(Name of Florida Lamited 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: Anthony D'Andrea	
(Contact Person)	
D'Andrea Holdings, Inc.	
(Firm/Company)	
10300 Goldenfern Lane	
(Address)	
Knoxville, TN 37931	
(City, State and Zip Code)	7827
For further information concerning this matter, please call:	C7 mm
Anthony D'Andrea 865 539-0133 at ()	mber) - 33
(Name of Contact Person) (Area Code) (Daytime Telephone Nur	nber) - 1/1 - 1
Enclosed is a check for the following amount:	i ni w
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STREET ADDRESS: MAILING ADDRESS:	

Registration Section

Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CERTIFICATE OF DISSOLUTION FOR

D'ANDREA FAMILY LIMITED PARTNERSHIP (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 03/10/2000 ______, assigned Florida document number A00000000445 _, hereby submits this Certificate of Dissolution. FIRST: Reason for dissolution: (State why partnership is submitting dissolution) **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) **THIRD:** Effective date, if other than the date of filing: 4/30/2024 (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. 620,1803(3) or (4). F.S.: President, D'ANDREAHOLDINGS, INC. Filing Fee: \$52.50 ×

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):