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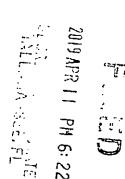
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Speciał Instructions to Filing Officer:		

Office Use Only



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R. WHITE APR 1.7 2019

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations		
ADKINS HOLDINGS, LTD SUBJECT:		
	Partnership or Limited Liability Limited Partnership)	
The enclosed Certificate of Dissolutior Please return all correspondence conce JEFFREY ADKINS		
tCor	ntact Person)	
ADKINS HOLDINGS, LTD		
(Fir	m/Company)	
9890 ORCHID TREE TRAIL		
(A	Address)	
BOYNTON BEACH, FL 33436		
(City, Stat	e and Zip Code)	
For further information concerning this	s matter, please call:	
JEFFREY ADKINS	561 504-6757 at ()	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following a	mount:	
\$52.50 Filing Fee \$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

CERTIFICATE OF DISSOLUTION FOR



2019 APR 11 PM 6: 22

ADKINS HOLDINGS, LTD		201711111111111111111111111111111111111
(Name of Florida Limited Partnership o	or Limited Liability Limited	Partnership) 103
Pursuant to the provisions of section partnership or limited liability limit. Florida Department of State on NO document number A00000001797 Dissolution.	ted partnership, whose over the very series of the	
FIRST: Reason for dissolution: (State why partnership is	submitting dissolution)
NO FURTHER BUSINESS TO BE CAR	RIED OUT	
SECOND: A Notice of Disso (Check box if a		
THIRD: Effective date, if other than th	December 3	1, 2018
(Effective date cannot be prior to nor mor	e than 90 days after the date	this document is filed by the Florida
Department of State.) Note: If the date inserted in this block doe not be listed as the document's effective d	es not meet the applicable state on the Department of State	Autory filing requirements, this date witte's records.
Signatures of each general partner or the p	person appointed pursuant to	s. 620.1803(3) or (4), F.S.:
	<u> </u>	
Filing Fee:	\$52.50	
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$9.75	
Certificate of Status (optional):	\$8.75	