

A010000000441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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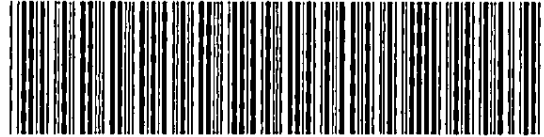
(Business Entity Name)

(Document Number)

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12/28/23--01004--018 **52.75

2023 DEC 28 PM 12:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOGAN FAMILY ENTERPRISES, LTD.

(Name of Florida Limited 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:
Millicent Hogan-Whitely

(Contact Person)

(Firm/Company)

91 Harrington Farms Way

(Address)

Shrewsbury, MA 01545

(City, State and Zip Code)

For further information concerning this matter, please call:

Millicent Hogan-Whitely

(Name of Contact Person)

at (508)

(Area Code)

320-8003

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

2023 DEC 28 PM 12:05

**CERTIFICATE OF DISSOLUTION
FOR**

HOGAN FAMILY ENTERPRISES, LTD.

(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 04/02/2001, assigned Florida document number A01000000441, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

All assets have been liquidated and the Partners have consented to dissolve the Partnership with a plan for distribution.

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

THIRD: Effective date, if other than the date of filing: 12/31/2023

(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 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.:

Melinda Hogan-Watch
Cynthia Hogan

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2023 DEC 23 PM 12:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOGAN FAMILY ENTERPRISES, LTD.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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Please return all correspondence concerning this matter to:
Millicent Hogan-Whitely

(Contact Person)

(Firm/Company)

91 Harrington Farms Way

(Address)

Shrewsbury, MA 01545

(City, State and Zip Code)

For further information concerning this matter, please call:

Millicent Hogan-Whitely at (508) 320-8003
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

Melanie Hogan-Watkins
Cynthia Hogan

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

2023 DEC 28 PM 12:05