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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

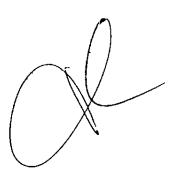




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COVER LETTER

TO: Regis	stration S	ection					
Division of 0	Corporati	ons					
SUBJECT:	HOGAN	FAMILY ENTERPRIS	SES, LTE).			
	(Name of Florida Limited Pa	rtnership o	Limited Liabil	ity Limited	Partnership)	-
	all corre					or filing.	-
		(Firm)	Company)				-
91 Harrington	Farms Wa	y					
		(Add	iress)			 	2023
Shrewsbury, M	1A 01545						023 DEC 28
		(City, State a	and Zip Cox	le)			
For further i	nformatic	on concerning this i	natter.	please call:			r.; 12: 05
Millicent Hoga	an-Whitely		at (508	320-8	003)5
	(Name of	Contact Person)	au	(Area Code) (Dayti	me Telephone Number	,
Enclosed is a	a check fo	or the following am	iount:				
■ \$52.50 Filir	ng Fee [\$61.25 Filing Fee and Certificate of Status		05.00 Filing nd Certified (S113.75 Filing Certified Copy Certificate of S	, and
STREET A Registration Division of C Clifton Build 2661 Execut Tallahassee.	Section Corporati ling ive Cente	ons er Circle		Regis Divisi P. O.	tration S on of C Box 632	orporations	

CERTIFICATE OF DISSOLUTION FOR

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 Floriday Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date and 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.: THIRD: Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Floriday Department of State's records.	HOGAN FAMILY ENTERPRISES, LTD).
partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/02/2001	(Name of Florida Limited Partnership o	r Limited Liability Limited Partnership)
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 Floridate 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.: Millurar Major Wickell Filing Fee: S52.50 Certified Copy (optional): S52.50	partnership or limited liability limit	ted partnership, whose certificate was filed with the 12/2001 assigned Florida
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 Floridar Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with 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.: 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 Floridar Department of State	FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
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Cortified Copy (optional): 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.: While 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.: While 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.: While the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be applicable statutory filing requirements. This date will not be applicable statutory filing requirements. This date will not be applicable statutory filing requirements.		
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Filing Fee: S52.50 Certified Copy (optional): S52.50	Note: If the date inserted in this block doe	s not meet the applicable statutory filing requirements, this date Ψ
Filing Fee: S52.50 Certified Copy (optional): S52.50		= r
Certified Copy (optional): \$52.50	Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Certified Copy (optional): \$52.50	Millian Hogan Water	
	Filing Fee:	•
Certificate of Status (optional): \$8.75	Certified Copy (optional): Certificate of Status (optional):	

COVER LETTER

TO: Regis	istration Section	
Division of (Corporations	
SUBJECT:		
	(Name of Florida Limited Partnership	or Limited Liability Limited Partnership)
The enclosed Please return Millicent Hoga		is matter to:
	(Contact Person)
	(Firm/Company)
91 Harrington I	Farms Way	
 _	(Address)	
Shrewsbury, M	MA 01545	
	(City, State and Zip Co	xlc)
For further in	nformation concerning this matter,	please call:
Millicent Hoga	an-Whitely	508 320-8003
	(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a	a check for the following amount:	
S52.50 Filing		105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET AD Registration S Division of C Clifton Build 2661 Executinal	Section Corporations ding ive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 Floridal Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with 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.: Milland Man, - Witteh Milland Man, - Witteh
Filing Fee: \$52.50
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75