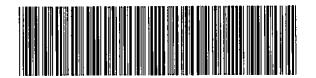
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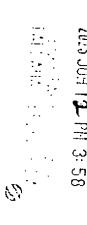
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(Business Entity Name)			
(Document Number)			
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2025 JUN 12 PM 4:

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

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NAME OF ENTITY		
Somerset Cove Partners,	Ltd.	
		FOR OFFICE USE ONLY
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PICK ONE:		
CERTIFIED CO	рү <u>XX</u> _рнотосору	C.U.S.
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CORPORATIONLLC	LIMITED PARTNERSHIP	GENERAL PARTNERSHIP
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XX_OTHER	Ltd. Dissolution	
RETRIEVAL:		
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CERTIFICATE OF DISSOLUTION FOR

FILED

2025 JUN 12 PM 4: 09 Somerset Cove Partners, Ltd. (Name of Florida Limited Partnership or Limited Liability Limited Partnership) TĂLLAHASSEE, FLORIDA 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 10/10/2001 _____, assigned Florida document number A01000001369 _____, hereby submits this Certificate of Dissolution. **FIRST:** Reason for dissolution: (State why partnership is submitting dissolution) The limited partnership is no longer transacting business in Florida **SECOND:** A Notice of Dissolution is attached. (Check box if attached.) **THIRD:** Effective date, if other than the date of filing: (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.: Manager of the Manager of /s/Jeff Danley PC SOMERSET CLUB GP. LLC Filing Fee: \$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):